MARGIN RESERVED FOR BINDING

VS A15

prrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 334

CERTIFICATE OF DEATH

1. PLACE OF	DEATI	H: Carro	17			2. USUAL RESID	ENCE (HOME)	OF DECEASED:		
County					(For newborn infants give residence of mother) Maryland Carroll					
VILY UL LUTH				Dommorri 1 1 o				****************		
	(II outs)	ide city or town in	Life	UKAL and give nearest tow	vn)	City or town	outeide city or town lin	nite write RURAL.	nd ofve near	reet town)
How loud in spoke	blace of t	leath? eet address where o	*****************	••••••••		Rur	alMt.	Airv	ind give near	
						Street No	(If rural, g	rive LOCATION)	• • • • • • • • • • • • • • • • • • • •	
How long In hosp	Ital or Ins	titution?				2.(a) It veteran, name	war			
3. (a) FULL 1	NAME		CHA	ARLES W. AN	VDER:	SON		3. (b) Social	Security 1	Number
4. Sex) 5.	Color or race	6.(a)Single	e, married, widowed, or divorced		_	MEDICAL	CERTIFICAT	ION	
				larried						6.704
Male		Colored				20. DATE OF DEATH	Nov.	<u></u>	. 19.40	at O, LUAL M
B. (b) Name of her	sband or v	Le Life	ura A	Anderson			ath occurred on the date			
				c) If alive, give age	None	april		19.44.4, to	W-	1.119.46
7. Birth date of			Oct.	27,1878	years		AAA alive on			19.46
deceased (mo.,		5 March - 1				Immediate cause of d	leath Pulm	mary old	ema.	DURATION
8. AGE:	Years 68	Months	Days 14	It less than one day			•••••	0		30 hrs
				hrs.	min.					
9. Birthniace	Cari	coll Co.	Mary	/Land		Due to Gard	iac Xlec	ompensa	Mon	7 mo
		(Town,	county, and a	atate)				1		
1D. Usual occupa	tlon					Due to Cohr.	Myora	<i>iditis</i>		- yre
11. Industry or b	usiness									0
至 12. Name		101		lerson		Other conditions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13. Birthplac			Mai	ryland						
		Amanda	Ride	gely			lude pregnancy within			
14. Malden 15. Birthplac	name		Mai	ryland		Major findings of ope	erations			
₹ 15. Birthplac				-		***************************************		Date	ot op	
16. Informant	wrs.	Laura	Andel	rson		Autopsy results	none			
Address		Mt	. Air	ry, Md.		PHYSICIAN: Ptease	nuderline the cause to	which death should	he charged	statistically.
Bur	ial					22. VIOLENCE: If de	eath was due to external	causes, fill in the folio	owing;	
17(Burial	-U.L	removal. Which?)	Date ther	eof. 11-13-46 (month) (day) (ye	ear)	Accident, suicide, or I	homicide	Da	ate of	
		H.L.	iendsl	nip		Where did injury occu	(City or tow			(Shata)
Cemetery or o			le Mor	ntg.Co. Md.						
Location	-45 8	OODATT		***************************************			, tndustry, public place			
18. Funeral dire	ctor			.Waltz		Means of Injury		Injured a	it work?	
Address			Wir	nfield, Md.			18	l. 1.	00	
74	, -		n	2/1		23. SIGNATURE	X Stanley	Trave	Y M D	or other
19/102.	12	1946	1/20	N Huydes		261	XTRIL.	mid.	Date signed	1 1
(Date rec'd	by regist	rar)		6 R	Registrar	Address	in an ung		uate signed	1. 1. 4 . 1. 6

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

		_	0		ì
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Reg.	Dist.	No	24		

CERTIFICA	Reg. Dist. No.	0 0 0 00
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll		
Cily or town. Sykesville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County	
How long in above place of death? 13 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 1708 N. Gollington Avenue, Balto13	
Springfield State Hospital	(If rural, give LOCATION)	1
How long in hospital or institution? 13 days	. 2.(a) If veteran, name war	<i></i>
3. (a) FULL NAME	3. (b) Social Security Number	
William Henry Appel		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White married	20. DATE OF DEATH 11/14 19 461 8:15	A
6.(b) Name of husband or wife Bertha Geisler	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/31 19.46 10.11/14 19.46	16
7. Birth date of 2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /	and that I last saw h im alive on 11/14/ 194	6
7. Birth date of deceased (mo., day, yr.) 2/19/1883		
8. AGE: Years Months Days If less than one day	Pulmonary tuberculosis 7 mos	
63 8 25hrsmir	i.	A
9. Birihplace Unknown (Town, county, and state)	Due to	
(Town, county, and state)	***************************************	
10. Usual occupation. laundry worker	Due to	
11. industry or business		
E 12. Name Edward Appell 13. Birthplace Unknown	Other conditions Mentally ill 17 de	ay.s
In Birthplace Unknown	(Include pregnancy within 3 months of death)	
置 14. Maiden name		
:	Major findings of operations	
	Date of op.	
16. Informant Records of Springfield State Hospita	Autopsy results	
Address Sykesville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following. Accident, suicide, or homicide	
Cemetery or crematory Holly Hellemen Clina.	Where did injury occur?	,
Location and Day Man	Injured at home, farm, industry, public place (where?)	
18. Funeral director James M. M. Marike	Means of Injury tnjured at work?	
(a m - la 10)	DON HC'DAMO.	
Address 2008 (Illane XI.	23. SIGNATURE (NOT IELL) STATE HOSPITAL M. D. or other	
19. Mary 23 19.116 Ca Amery 23 19.116 (Dista rec'd by registrar)	Sykesville, Maryland Date signed 11/14/	46

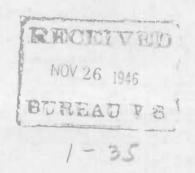


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VS A15

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2411 N. Charle	ea St., Baltimore 93
CERTIFICAT	TE OF DEATH Reg. Dist. No
Clty or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother) State
How long in hospital or institution?	2.(a) tf veteran, name war
0,500	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 8. (b) Name of husband or miss. 8. (c) If alive, give age	MEDICAL CERTIFICATION 20. DATE DF DEATH. Javanus 22.15 5 M 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 10. 10. 10. 10. 11. 11. 11. 11. 11. 11
8. AGE: Years Monthy Days If less than one day	Immediate cause of death. Muy of archiel Guruffining Due to. Arterio - Schoolie C-V disease years. Due to.
11. Industry or business 12. Nam 13. Birthplace 14. Malden name Arthurghers 15. Birthplace 16. Birthplace 17. Birthplace 18. Birthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Dale of op.
18. Informant Address (Michigan Dain thereof 25-1946 (Burlai, cremation, or pemovai Which?) Dain thereof (Burlai, cremation, or pemovai Which?)	Autopsy results
Location Churchity God Tond 18. Funeral director A. W. Harrifus Tond April 19. Tond April 1	Where did injury occur?
19. ar 24 19.46 Enew Skrubet (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Dexturinter M. Date signed Mont. 22-46



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 837

10888

CERTIFICATE OF DEATH

					Lon	1	_
			-2	2	71	6	6
Reg.	Dist.	No.	2	2	-/1		(ch)

1. PLACE OF DEC				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
Chyartown Near Westminster s				state Md. county Carrell
(If o	utside city or town li	mits, write R	URAL and give nearest town)	City or town Cakland (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	street eddress where	death occurred	•	Street No.
			***************************************	(If raral, give LOCATION)
3. (a) FULL NAMI			***************************************	2.(a) If veteran, name war
3. (a) FULL NAMI	Dav	id B.	Brown	3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION 4:45
Male	White	Wid	owed	20. DATE OF DEAT 100 COLOR 29 1946 at 4/45
6.(b) Name of husband	or wife Molli	e Bro	w.n	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			e) I1 alive, give ageyears	19 46 10 1 - 2 9 - 19 4 6
7. Birth date of deceased (mo., day, y				and that I last saw h Associate on Associate Associated and the I last saw h Associated and th
8. AGE: Years		Days	If less than one day	Immediate cause of death.
73	4	3	hrsmin.	
9. BirthplaceF	rederick	Co.	A-A-	Due to Orle Sipscheleross
1D. Usual occupation	lohon		terej	
		• • • • • • • • • • • • • • • • • • • •	•••••••••••••••	Due to
11. Industry or business	arles Br	own		Seriele dementio
12. Name. Ch	Unknown			Other conditions.
	Ilmlenown			(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Unknown		••••••	Major findings of operations
				Date of op.
				Autopsy results
Address Sy	kesville	, Md.		22. VIOLENCE: It death was due to external causes, fill in the following;
17 Burial (Burlal, cremation,	or removal. Which?)	Date then	(month) (day) (year)	Accident, suicide, or homicide
			ve Chanel	Where did injury occur?
	singles		- 6m -c.	Injured at home, 1arm, Industry, public place (where?)
1B. Funeral director				Means of Injury Injured at work?
				a Ross lind Blus
	istersto		- C1.	23. SIGNATURE. M. D. or other
19. 11 - 30 (Date rec'd by reg	- 19 46	D.A.	Ary S. EINC. Registrar	West municipal 11/2/1/11



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VS A15

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BEADWE ARTS	CTATE	DEPARTMENT	OF	THE AT THE
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2411	N.	Charles	St.,	Baltimore	13

CEDE	TTE	CATE	OF	DE	OF THE
CERTI		LAIL	OF	DEA	

1. PLACE OF DE	arroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County			State Maryland County			
City or town. (If outside city or town limits, write RURAL, and give nearest town)			City or town Baltimore (If outside city or town limits			
How long in above plac	e of death?	month, 18 days	(If outside city or town limits	, write RURAL and give	nearest town)	
nospital, institution, o	L 211661 Monte22 Milete	Mentit Occurren.	Street No. 1707 Baker St	LOCATION		
Colored	Branch,	losis Sanatorium Henryton, Md.	2.(a) If veteran, name war		V	
3. (a) FULL NAM				3. (b) Social Securi	ity Number	
J. (d) POLL MAIN		FLORINE CAMPBI	ELL	J. (0) Doctar Decar	ity mamber	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
female	col.	single	20. DATE DF DEATH November 1	1, 1,46	3:30Am	
7. Birth date of	Novem		21.1 CERTIFY that death occurred on the date about September 23	ve stated; that fattended d	eceased from	
deceased (mo., day.	71.7	Days If less than one day	Immediate cause of death			
o. Ade.	31 11	14hrsmin	Pulmonary Tubero	ulosis	March 1941	
9. Birthplace	Dome	r County, Va.	Due to			
11. Industry or busine	John Cam	1 degree = 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dither conditions			
12. Name	Virginia					
五 14. Maiden name	Edith J	ones	(Include pregnancy within 3 months of death)			
14. Maiden name	Virgini	a	Major findings of operations			
16. Informant De	eceased		Autopsy results	hich death should be char	red statistically.	
17 (Burial, crematio	on, or removal. Which		22. VIOLENCE: if death was due to exfernal cau Accident, suicide, or homicide,	uses, fill in the following:		
Cemelery or crematory My Assistance Control Bul travel Cutage			Where did injury occur?			
	Her !	2. Kelsun	Means of injury	injured at work?		
18. Funeral director. Address	03 Pres	stnu Atı	23. SIGNATURE Reubeen A.	Henau, n	7 . 8.	
19. (Date rec'd by r	ll, 46	Deputy Local Registra	aced C		D. or other ed 11-11-46	

JV 13 1946

2-740

SURNAME: LETTER FROM INS. CO. FILMED G108 1-21-47; phoned statement of funeral director. Evidence for the change of MARYLAND STATE DEPARTMENT OF HEALTH age and birthdate is shownon 2411 N. Charles St., Baltimore 83-0 G 108. 2/6/47 CERTIFICATE OF DEATH Reg. Dist. No... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. The How long in above place of death? (If outside city or town limits, write RURAL and give nesrest town) Hospital, Institution, or street address where (If rural, give LOCATION) Now long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION tem of i 2D. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 6.(b) Name of husband or wife Supply every i B.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death If less than one day Months Days 8. AGE; MARGIN RESERVED p ADING INK. Physicians: p 9. Birthplace ... (Town, county and state) 1D. Usual occupation. 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations..... 15. Birthplace PLAINLY, is especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof How. (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) WRITE Cemetery or crematory (County) (State) Injured al home, farm, Industry, public place (where?) Meens of injury Injured at work? 18. Funeral director PLEASE 23. SIGNATURE M. D. or other Date signed ...

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-6

CERTIFICATE OF DEATH

Rog. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lafants give residence of mother)
County Ourroll	State Ind. County Carroll
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 4 4	City or town(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Thomas June Home	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 7/	3. (b) Social Security Number
Harvy M. Davis	218-03-8019
4. Sex 5. Color or race (\$\dag{a}\)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1) W Wistowed	20. DATE OF DEATH 7 2 9 19.4 4 21 8.45 PM
6.(6) Name of husband or wife Mensie Shauck	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	agrif 12 1946, 10 Nov. 28 1946
7. Birth dato of	and that I last saw h. I. M. allve on 200 2 7 1944
deceased (mo., day, yr.) Sec. 24-18-8 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
6 2 11 5min.	Missales (ab-)
0	Juganes 1 00-1
9. Birthplace Sane (Town, county, and state)	Due to.
10. Usual occupation. Lateral	
11. Industry or business	Oue to
	Cleobolism
12. Name John Davin 13. Birthplace Birdthill Canal bo. md.	Other conditions. Letter at the conditions and the conditions are conditions.
	(Include pregnancy within 8 months of death)
14. Maiden name Elighbeth Gook 15. Sirthplace Caroll Co. md.	Major findings of operations.
= 15. 8irthplace Canall Co. md.	Dale of op.
16. Informant Poland n. havis	Autopsy results.
Address Wedningto, Ind.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 , 6,11	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cometery or crematory Sees Parte Cem.	Where did injury occur? (Cfty or town) (County) (State)
Location Imallewood Canalleo med	Injured at home, farm, industry, public place (where?)
18. Funeral director AB and the	Masns of Injury Injured at work?
	2.5 P (See The real)
Address Westmingling of	23. SIGHATURE M. W. or other
19. (Date rec'd by registrar) Registrar	Wystranolis Mg 11-30-4
19. (Date rec'd by registrar) Registrar	Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.....

CERTIFICATE OF DEATH

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1. PLACE OF DEA				(For newborn infants give residence of mother)		
County			***************************************	state Maryland Couoly		
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)		City or town Balt imore (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 27 days Hospital, Institution, or street address where death occurred:		(If outside city or town limits street No. 526 Gold Street	s, write RURAL and give n	earest town)		
Maryland	Tubercul	osis	Sanatorium	Street No. (If rural, give	LOCATION)	
How Tong In Trospital or	Branch, F	lenry	ton, Md.	2.(a) If veteran, name war		<i>V</i>
3. (a) FULL NAMI					3. (b) Social Security	y Number
	JAMES	EDW	ARDS			
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	colored	Ma	rried	20, DATE DE DEATH NOV. 11,	19. 46	3,45Pm
	Tove	e Ed	wards	21. I CERTIFY that death occurred on the date abo		
6.(0) Name of husband	or wife	taletaded.bah	40	0.4 3.4	46 to Nov.	11, 19 46
7. Birth date of	26	6.	(c) If alive, give age 4.0 years	and that I last saw h im alive on NC	v., 11,	19.46
deceased (mo., day, y	r.) Marci	Days	1619 7	Pulmonary Tubero		DURATION
8. AGE: Years	Months 8	6		Pulmonary Tubero	ulosis	March 1946
49			hrs. min.		••••••	1940
9. Birthplace	Baltl Mol	eounty, and	d.	Oue to	***************************************	***
10 Henry accupation	Porter			4	***************************************	
11. Industry or busines				Due to	***************************************	****
	Tamae Fr	lward	S	Biber conditions	•••••••••••	*****
12. Name	Maryland		***************************************			
			own)	(Include pregnancy within 3 r		
14, Maiden name.			W.W.L.L.	Major findings of operations		
1900	Maryland				Date of op	***************************************
16. Informant	eceased		••••••	Autopsy results	hich death should be chares	d statistically.
Address				22. VIOLENCE: tf death was due fo external cau		-
17 Bre	or removal. Which?)	Date the	(month) (day) (year)	Accident, suicide, or homicide		
	(1)					
Cemetery or cremato	ory Carry	Lan	timal Cero	Where did injury occur?(City or town)		
Location	-		1 1 1	Injured al home, farm, Industry, public place (w		••••••
18. Funeral director	Willia	a C	hatman	Means of Injury	injured at work?	
Address 170	11 Incl	Ma	h St	1/20 4	Runn	-2
			117/1/11	23. SIGNATURE / Derleer Co	// M. L	or other
19	19. 46	Jenut	V OC3 Registrar	Address Henryton, Md.	Date signe	11/11/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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20	D1 .	D.Y.	24
Reg.	DIST.	INO.	dinner dinner

P						
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Carroll		State Maryland county Baltimore				
City or town	ykesville	mita mita D	URAL and give nearest town)			
(II o	12 ve	ars. 1	0 months, 9 days	City or town Datonsville (If outside city or town limits,	write RIIRAL and give nea	rest town)
How long in above place Hospital, Institution, or	street address where	death occurred		Street No. Melvin & Edmonsor		
			ital	Street No. W.C.L.Y.LII. X Equipolity Street		
			10 months, 9 days.	2.(a) It veteran, name war		V
			10	2.(G) It veterall, name wat		
3. (a) FULL NAM	Ł				3. (b) Social Security	Number
Georg	e W. Eley					
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	1/12	arried	17 /	2519.46	. / 420 1
	1					
6. (b) Name of husband	or wife Edit	h B. W	ilson	21. I CERTIFY that death occurred on the date about	re stated; that I attended deces	ased trom
			r) It alive, give age	11/21 19/	10 10 11/25	1940
7. Birth dale of			of it arre, give age	and that I last saw h im alive on	. 11/25	1846
deceased (mo., day,)		/1869		Immediate cause of death	***************************************	OURATION
8. AGE: Years		Days	tf less than one day			•
77	8	3	hrsmln.	Banchomeumona		- 4 1
9. Birthplace				Oue ta		
10. Usual occupation	Boller ma	ker		Due to		
11. Industry or busines	. Railr	oad				
ad I				Other conditions Prachine = Con	chel atain and	13 40.
12. Name		**************		Other conditions		
		1 1		(Include pregnancy within 3 m	nonths of death)	
王 14. Malden name.	Mary St	ambuag)	h	Major findings of uperations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14. Malden name.	Pennsyl	vania				
			ield State Hospita			
16. Informant	curasura	br.mgr	re.roz.va.veimspr.va	PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
Address Sy	kesville,	Maryla	nd , , ,	22. VIOLENCE: If death was due to external cause		
" Buri	ol , or remogal. Which?	& Bate thor	eof (month) (day) (year)			
(Burial, cremation	or remoral. Whigh?			Accident, suicide, or homicide		
Cemetery or cremate	ory M. G	kny s	Cemelery	Where did injury occur?(City or town)	(County)	(State)
Landing 6	ellicot (itus	ml. 1	Injured at home, tarm, Industry, public place (wh		
LOCATION	Ent			Means of Injury	Injured at work?	
18. Funeral director	Gaslon				1	^
Address 62	licos (i	ty, 1	nd.	23. SIGNATURE (mold	H. Eichert, 7	m.D.
10 Mm	25 19 HG	T 00	Jany Weed	SPRINGFIELD STATE HO	DSPITAL M.D.	or other
(Date rec'd by re	gistrsr)	991	Registrar	Address Sykesville, Maryla	and Oate signed.	11/25/46

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNF PLAINLY, v is especially

PLEASE

(Date rec'd by registrar)

NOV 27 1946

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NDING	ASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.	
MARGIN RESERVED FOR BINDING	WITH CNFADING INK. Supply every important. Physicians: please write the	
A15 9-45-15M	WRITE PLAINLY, is especially	
A15	ASE	

CERTIFICAT	E OF DEATH Rog. Diat. No.		
1. PLACE OF DEATH: County City or 10wn. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long (n hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color private B.(a) Single, married, wildowed, or divorced Male Wate Madowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. NOVEMBER 15 19 6 31 2 a.		
6.(6) Name of husband or wife Clause Stone Englov 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I atlended decessed from 15. 15. 16. 16. 16. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
8. AGE: Years Months Days If less than one day 8. AGE: https://doi.org/10.1001/10.100	Immediate cause of death DURATION Coronary Okchesion Ontion are Coronary		
9. Birthplace Many (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business Relaxed	Due to.		
12. Hame Array Carelos 13. Birthplace Manylond	Other conditions		
14. Malden name Elastifield in get 15. Birthplace Many land	Major findings of operations. Date of op.		
Address Then Manda Mid	PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal. Which?) Cemetery or crematory.	Accident, suicide, or homicide		
18. Funeral director Danday Rev House and Sunday Rev How and	Injured at home, farm, Industry, public place (where?) Means of Injury finjured at work?		
19. Mr. 15 1946 Enault selection (Date rec'd by registrar) (Date rec'd by registrar)	Address / Like Luciutes The Bate signed The Date signed The Da		

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2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

10894

- 15	01	
Reg. Dist.	No.	

A. PLACE OF DEATH 1011	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Carroll
City or town. Union Bridge	Union Bridge
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Main Street
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fannie Belle Ernst	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P.M.
Female White Widowed	2D. DATE DF DEATH. November 16 19 46 31 4.00 M
(h) Name of history of wife John Ernst	21. I CEBTATA that death occurred on the date above stated: that I stagded deceased from
8.(b) Name of husband or wife JOHN ETHST	19.41, 10 000 19.46
7. Sirth date of	
deceased (mo., day, yr.) November 21, 1874	Ammediate case of death DURATION
8. AGE: Years Months Days If less than one day	
71 11 25min	mond monding:
Butholese Carroll County Maryland	Due to Duration & Umknown Come
9. Dirthplace (Town, county, and state)	Due to
10. Usual occupation Housewife	
A 4	Due to
Tr. Hadding of Basiness	
John Nusbaum 12. Name John Nusbaum 13. Birthplaco Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Rachel Townson	
14. Maiden name. Rachel Townson 15. Birthplace Maryland	Major findings of operations
	Date of op.
16. Informant Mrs Merle C Fogle	Antopsy results
Address Union Bridge Md	
Burial (Burial, cremation, or removal, Which?) Date thereof NOV 19, 1946 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident euclide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Baust Reformed Cemetery	Where did injury occur?
Location Taneytown-Westminster Road	Injured at home, farm, industry, public place (where?)
16. Funeral director D. D. Hartzler & Sons	Meens of Injury Injured at work?
Address Union Bridge & New Windsok Md	Atmerson ma
Mer 18 46 Leslie Al Reph	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registra	Address Date signed
	11/1/01

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefuly. The correct age is especially important. Physicians: please write the causes of death clearly and regibly.

MARGIN RESERVED FOR BINDING

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VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: County. Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
		State Maryland County Allegany			
City or town		S City or town Mt. Savage (If outside city or town limit	s, write RURAL and give no		
3. (a) FULL NAM	AE .			3. (b) Social Security	
Marvin	Evans				
4. Sex	5. Color of race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	W	Single	20. DATE OF DEATH	19. 46	14:00 A M
		6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	ove stated: that I altended dec	eased trom 21846
deceased (mo., day,			Immediate cause of death		OURATION
8. AGE: Year 27	11	Days It less than one day //hrsmin.	Pulmonary Tuberculos		0/00/11
10. Usual occupation. 11. Industry or busine	Painter	county, and state)	Oue to		
12. NameRicl	?				
14. Maiden name 15. Birthplace 16. Informant Reco	?	ringfield State Hospital	(Include pregnancy within 3 in Major findings of operations. Autopsy results	Dale of op	
Cemetery or cremat	n, or removal. Which?	Date thereof Me. 2. 1. 1. 1. (control (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	(County) here?) Injured at work?	(State) M.D.

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Reg. Dist. No. 74

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	The
•	carefully.
	every item of information carefully. The
N. C.	of
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OR BINDING	every

96

1. PLACE OF DEATH:

3. (a) FULL NAME

deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

16. Informani ... Address

4. Sex

male

8. AGE:

Carroll Henryton

Hospital, Institution, or street address where death occurred:

5. Color or race

6.(b) Name of husband or wife.....

Years

46

12 Name David Evans 13. Sirthplace North Carolina

14. Maiden name Rosie Roper

Deceased

(Burial, cremation, or removal, Which?)

Nov. 30,

col.

Months

September

Raeford, N.C.
(Town, county, and state) Chauffeur

North Carolina

Date thereof...

(If outside city or town limits, write RURAL and give nearest town)

27 days

THOMAS EVANS 8.(a) Single, married, widowed, or divorced

B.(c) 'If alive, give age

If less than one day

(month) (day) (year)

OCA

Registrar Address Henryton, Mo

1900

Divorced

2 months.

Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DE (For newborn infants give residence of moth	CEASED:	
Stale Maryland County		********************
City or lown Baltimore (If outside city or town limits, wri		
Sireel No. 1023 N. Carey	Street	
(If rurai, give LOC	ATION)	1
2.(a) If veteran, name war		
3	. (b) Social Security	Number
MEDICAL CERT	TIFICATION	
20. DATE OF DEATH November 30,	19. 46	. 6:10Pm
21. I CERTIFY that death occurred on the date above st	ited; thal I sitended decer	ased from
September 3, 46	10 1NOV . 3U	19.4D
and that I last saw h im alive on NOV	30,	
Immediate cause of death	3 .	DURATION
Pulmoanry Tubercu	HOSIS	Sept. 14
		1945
Due fo		**********************
***************************************		***************************************
Due to		•
Other conditions		
(Include pregnancy within 3 month	ns of death)	
Major fiadings of operations		
Major Hadings of operations.		
Autopay results		W.
PHYSICIAN: Please underline the cause to which of	leath should he charged	statistically.
22. VIOLENCE: If death was due to external causes,	fill in the following:	
Accident, suicido, or homicide	Date of	
Where did injury occur? (City or town)	(County)	(State)
Injured al home, farm, Industry, public place (where?)		
Meens of Injury	Injured al work?	
2 (00	1	
23. SIGNATURE Mukaus Off	nati m.	2
TOT VIVIATORIA CONTINUENTALIA	M. D.	or other

legibly. of death clearly write the causes ADING INK. Supply Physicians: please wr important. PLEASE WRITE

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2411 N. Charles St., Baltimore	24	111	N.	Charles	St.,	Baltimore	1
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1			CERTIFICA	TE OF DEATH	Reg. Diat. No	
1. PLACE OF DEATH: Carroll County Carroll City or town Henryton City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year, 22 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland How long in hospital or institution?				Reltimore	mother) inty write RURAL and give nea Street LOCATION)	rest town)
3. (a) FULL NAM	E	JAME	S FERGURSON		3. (b) Social Security 215-03-8	
4. Sex	5. Color or race		, married, widowed, or divosced	MEDICAL CI	ERTIFICATION	
male	col.	9	ingle	20. DATE OF DEATH November 2		. 3:45A.
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date about NOV . 7 ,	ove stated; that I attended decer 45, to Nov. 29	aced from
7. Birth date of	Decemb			and that I last saw h		
deceased (mo., day,	71.7	Days	It less than one day	Pulmonary Tubercu	าไดยร์ด	DURATION
47		4	hrsmin		ITOSTS	Sept 1945
1D. Usual occupation. 11. Industry or busine 12. Name	Labor S Jerry Fe Virginia	er er rgursc	on .	Due to	months of death)	
当 14. Malden name	Mary	Ashwe	211	Major fiedings of operations		
14. Maiden name	Virgini			major nodings of operations.		
18. informant	eceased	•••••		Actors results. PHYSICIAN: Please noderline the caose to w		
Address 17. Out of the control of t			. (Month) Gent	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	(County)	(State)
Location Co.C.	2. 0	7 1	7/-	Means of Injury	Injured at work?	
18. Funeral director	mistal	4 9	1000	nears of things	00	2
Address / 40		- 4	eve Baltine on	23. SIGNATURE Deuben A	Kuau, m.).
t9. Nov. 2		Dep	uty Local Registra	Address Henryton, Md	• Date signed.	11-29-46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct as is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

PLEASE,



2-740-1-10

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State State County A.
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Springfilla State Storpels	Street No
Now long in hospitator institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Glorge 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I w disorth	20, DATE OF DEATH 2007 4 # 18 46 017 55 M
6.(b) Name of husband or wife	21. I CERTIEV that death occurred on the date above stated; that I artended deceased trop
7. Birth date of	
deceased (mo., day, yr.) . U U 22-18 7	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	A A A
5/ / / hrs	min. Clubal Almangaye Laste.
9. Birthplace	Due to
1D. Usual occupation	The Stopped Sun
11. Industry or business 11 - 31 Hornel	the last of the second
= 12. Name & alliana Cappy	Other conditions.
2 13. Birthplace 3 aftiturns	
14. Malden naw Many Cantle	(Include pregnancy within 3 months of death)
14. Malden name 1 any Company 15. Birthplace 2 - Balance	Majur findings uf uperatiuus. Date ot op.
16. Information Library	Autupsy results.
Addres 25 17 E Chase St Ba	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
OR ALTI	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof	
Cemetery or crematory Alexan Confunction	Where did injury occur?
Location Ballingere and	Injured at home, farm, industry, public place (where?)
18. Funeral director Juanus Coop Syfe	Means of Injury Injured at work?
Address /6 60 W. Marth End.	MX Mastra MM.
116 VE NAN Hoda	23, SIGNATURE M. D. or other
19	strar Address Malande Mal Date signed 4

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Battimore

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	16000
Reg. D	iat. No. 14

CERT	IRI	CATE	OF	DEA	TH
U.P.P.		L.AIF.		IJE.A	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Comy Carroll	State Maryland county
City or town (If outside city or town limits, write RURAL and give nearest town)	Do 14 d more o
How long in above place of death? 2 months, 8 days	City or town Baltimae (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 638 Perkins Avenue
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)
How long in hospita or Brigingh, Henryton, Maryland.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ROSABELL GREEN	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored married	2D. DATE DF DEATH November 7, 19 46 at 6.30A
6.(b) Name of husband or wife James Henry Green	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(c) It alive, give age 33 years	August 29, 1,46 10 Nov. 7, 1, 46
7 Blath dala al	and that I last saw h er alive on Nov. 7, 18 46
deceased (mo., day, yr.)	Immediaic cause of death
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis June
33 10 14hrsmin.	1946
9. Sirthplace Petresburg, Va. (Town, county, and state)	Due to
Housewife	
10. Usuat occupation. IIOUSEWIIE	Due to
11. industry or business	
George Coungress 12. Name George Coungress Unknown	Other conditions
13. Birthplace Unknown	(Include pregnancy within 3 months of death)
I 14 Maiden name Lillian Bell	
Timerinio	Major findings ol operations
16. Intermant Deceased	Actopsy resolts
Address	
17 BAbrial Date thereof 4/10/1946	22. VIOLENCE: it death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?) Date thereof (month) (doy) (year)	Accident, suicide, or homicide
Cemetery or crematory and allowance Plens park	Whers did Injury occur?
Location	injured at home, farm, industry, public place (where?)
Mus Hotel P William	Means of injury injured at work?
18. Funeral director	2 (4
Address 32 271. Schooler M	23. SIGNATURE Realess Woffman, B.O.
11/7 46 alhert 16 Ac the	M. D. or other
(Date rec'd by registror) Deputy Local Registrar	Address Henryton, Md Date signed 11/7/46

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

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Par	Dist	No	7	4	0

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CER	liri	LA	I P.	UP	171./	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md. County Lawell
City or town	
How long in above place of death?	(If ogside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Strest No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lewenia S. Vriffee	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr. W. Widowed.	20. DATE DF DEATH. 25 November 19 46 21 10 A. A.
8.(b) Name of husband or wife James William Triffee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 15 16 19 46
7. Birth date of	and that I last saw hare alive on 23 Movember 13 46
deceased (mo., day, yr.) 13 duguet 1839	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cardiac Insufficiency ?
77 3 /2nin.	
9. Birthplace Sunnayhania	Due to Asterior chiotic Cardoo - ?
(Pown, county, and state)	Vascular Disease.
10. Usual occupation Nousewife	Due to Artin molimic ?
11. Industry or business	
	Dther conditions
12. Name Thichel Chromitar 13. Birthpiace Pennsylvania	
	(Include pregnancy within 8 months of death)
14. Maiden name. Kusama Jalloway 15. Birthplace Dunny kaniu	Major findings ul operations.
E 15. Birthplace Senny havia	Date of og.
16, Informant Lavinia Fiffee	Autopsy results
Address hyservile and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Systematics of The State of Sta	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory and the state of the s	Where did injury occur?
Completely of Crematory	
Location The fill settle settle	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ca. A. A. Mary Tiller	Means of Injury Injured at work?
Address Of the will and.	Millio 14
A 1 to	23. SIGNATURE.
19. (Dato ree'd by registrar) (Dato ree'd by registrar) Registrar	Address Chart lity 2nd Date signed 25 100 46
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NANYEARD STATE DEPARTMENT OF BEALTH



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town ...

Street No

2.(a) if veleran, name war

Maryland

Route

Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Carroll Union Bridge Rural
(If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number None

2				
I. PLACE OF DEA	TH:			
County Carr	oll		***************************************	
Cily or town. Un	ion Bri	dge		
(If or	utside city or town		URAL and give neares	t town)
How long in above place Hospital, Institution, or	of death?	ietime		
nospital, institution, or	Filest Soulesz muel	e ueam occurren	•	
		******************	***************************************	********
How tong in hospital cr				
3. (a) FULL NAME		Town	C-1221-	
	The second secon		Griffin	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or div	orced
Female	White	Wid	owed	
6.(b) Name of husband (or wife Le	wis A	Griffin	
			e) If alive, give age	years
7. Birth date of deceased (mo., day, ye				
8. AGE: Years	The second secon	Days	If tess than one day	
68		0		
				min.
9. BirthplaceF	rederic	k Coun	ty Maryla	nd
		ewife		
1D. Usual occupation	A.A. TT			
11. Industry or business			• •	
12. Name			kley	
13. Birthplace	Maryla			
14. Maiden name 15. Sirihplace	Mary I	ittle		
E Stathalass	Marula	nd		
			iffin	
Address Uni	on Brid	ge, Md	Route 1	
17 Burial		Dale there	Nov.22 (month) (day) ethodist	1946
(Burlal, cremation,	or removal. Which	hillore M	(month) (day)	(year)
Cemetery or cremator	y.MILGGIC	Date III	e choars a	oem.
Location	raareba	T.S	aryrand	
18. Funerat director	D.D.Har	tzler	& Sons	
Address Unio	n Bridg	e & Ne	w Windsor	Md
Minton	1	6 /	Echmo	an I
Date rec'd by reg	19.4 ristrar)	J	R	Registrar

20. DATE OF DEATH NOVEM	ber 20	18	L.b, at
21. I CERTIFY that death occurred on th			
and that I last saw h . L.A.J . allve on .			
mmediate cause of death			
Thema			
Due to			
, 20			
)ue to			
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Ther conditions			
(Include pregnancy	within 8 months o	of death)	
Major findings of operations			
	*******	Date of op	
Autopsy results			
PHYSICIAN: Please underline the ca	use to which deat	th should he cha	rged statistically.
22. VIOLENCE: If death was due to ex			
Accident, suicide, or homicide			
Where did injury occur?(City o	or town)	(County)	(State)
njured at home, farm, Industry, public			
Means of Injury		Injured at work?	
4	. 0		
7	11 50	/	

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PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10902

			CERT	IFICAT	E OF DEATH Reg. Diat. No	74	
1. PLACE OF DEATH: County Carroll City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 20 days Hospital, Institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 20 days					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) Street No.5511 Charlcote Road (If rural, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAME					3. (b) Social Security	Number	
	Raymond J	ohn Ho	fen	41			
4. Se1	5. Color or race	6.(a) Single	. married, widowed, or o	livorced	MEDICAL CERTIFICATION		
Male	White		Married		20. DATE OF DEATH 11/25 19. 46	. at 7:30 A.	
6.(b) Name of husband of					21. I CERTIFY that death occurred on the date above stated; that I attended decer 11/5/46 19 to 11/25	19.46	
deceased (mo., day, yr	5/1	9/1861			Immediais cause of death	DURATION	
8. AGE: Years	Months	Days	It less than one day	y			
85	6	6	hrs.	min.	Granchopneumona	24 lus	
9. Birthplace Bulgaria (Town, county, and state)					Due to		
10. Usuat occupationBanker			••••		Due to		
John Hofen 13. Birthplace Austria					Other conditions Semila Programs	15 years	
10, 0, 11					(Include pregnancy within 3 months of death)		
TC				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Major findings of operations.		
	Germ				Date of op		
16. Intermant Reco	ords of Sp	ringfi	eld State	Hospital	Autopsy results	statistically.	
Address	Sykesville	, Mary	land			-	
(Hurist cremation or removal, Which?) Date thereot			eot //	7.46	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
(Burial, cremation,	or removal. Which?)	(month) (da	y) (year)			
Cemetery or crematory			X.S		Where did Injury occur?		
Location Location			Comment	12,	Injured at home, tarm, industry, public place (where?)		
18. Funeral director 200 R. Turkey			shru		Means of Injury injured at work?		
Address Billender, Ma					23. SIGNATURE amold H. Eichert,	n.D	
19. 7700. 25 19 HG C. Harry Weed Registrar				Zsees	SPRINGFIELD STATE HOSPITAL MVD. AddresSykesville, Maryland Date signed	11/25/46	

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NOV 27 1946
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PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

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lee.	Dint.	No.

1. PLACE OF DEATH: County			on. 3 days pital non. 3 days cavus Hood	Street No		
		o.(a)angn	Single		RTIFICATION	F 00
Male	White		prugre	20. DATE OF DEATH November		
7 Right date of	yr.) Novembe	8. (0) If allve, give ageyears	21.1 CERTIFY that death occurred on the date above June, 10, 194 and that I last saw h im alive on Nove Immediate cause of death arterios	6 Nov. 14	1946
8. AGE: Year 71	s Months 11	Days 22	If less than one dayhrsmln.	Ammediate Case of death		4 yrs.
10, Usual occupation.	ward Cour Farmer & Agricult		Maryland	Oue to		
質 12. Name St	ephen G. loward Cou	Hood	Maryland	Other conditions Psychosis Wi		2 yrs.
14. Malden name	Emma Tur Baltimor Springfield St	ner		arteriosclerosis (Include pregnancy within 3 mo		
海 15. Birthplace	baltimor	e Col	inty		Date of op	******************
16. Informant		ate Hospits Ile, Maryls		Aetopsy results		atistically.
Cemetery or cremate	wood N	OWAR M.W.	of 11-16-46 (month) (day) (year) 0000 0000 0000 0000 0000 00000 00000 0000	22. VIOLENCE: If dealh was due fo external cause Accident, suicide, or homicide	Dale of(Connty)	State)

9061 **8**7 NON

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20

CERT	TETT	CA	TE	OF	DEA	TL
CERI	$\mathbf{I}\mathbf{F}\mathbf{I}$	CA	L L	UF	DEA	LIF

1. PLACE OF DEATH: Carroll (For newborn infants by	OME) OF DECEASED:
County	
State Many	ud county Carroll
(If outside city or town limits, write RURAL and give nearest town)	Windson R. W.
How long in above place of death?	or pwn limits, write RURAL and give hearest town)
Street Ro	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
many margaret sentens	none
4. Sex 5. Color r tace 6.(a) Single, married, vidowed or divorced MED	DICAL CERTIFICATION
Semale while swedges 20, DATE OF DEATH MOU	29 1946, 21 6, 30 N
5.(b) Name of husband or mile Sagar serkens 21, I CERTIFY that death occurred	an the date above stated; that I attended deceased from
William State of the state of t	1945 10 Kon 29 1046
7. Birth date of deceased (mo., day, yr.) Warch 22 - 1897 and that I last saw h	
8. AGE: Years Months Days If less than one day	Parunoma I week
9. Birthplace (Town, county, and state) Due to	
1D. Usual occupation	
11. Industry or business	ine duterstil al 6 mouth
13. Birthplace Results Reparet	
(Include pregna	ancy within 8 months of death)
Major findings of operations	
A :00	
16, Informant Autopsy results. PHYSICIAN: Please nuderline the	the cause to which death should be charged statistically.
Address Gew. C. L.	e to external causes, fill in the following;
17	Date of
	City or town) (County) (State)
	public ptace (where?)
Means of Injury	Injured at work?
18. Funeral director. C.A. C.	O Arit
Cardiology 23. SIGNATURE.	6, Olllely M. D. or other
19. Mr 29 19.46 Grave Devocal Registrar Addresses Wes	Joan Tud. Date signed 1/29/46

DEC 4 1946

VS A15

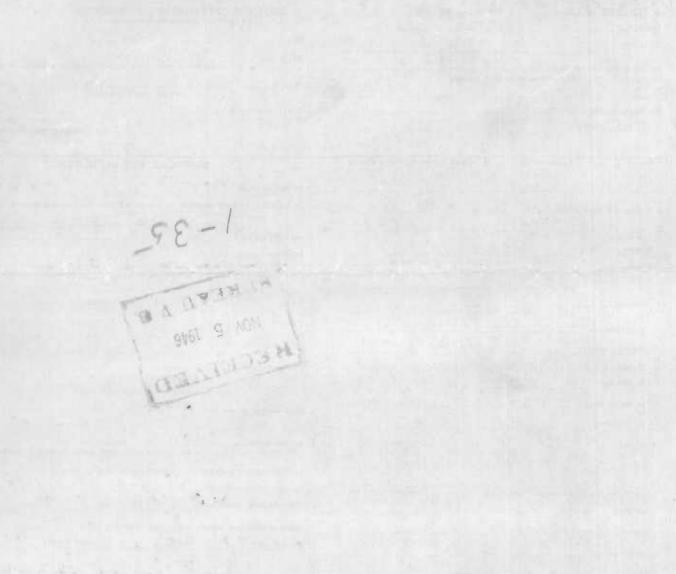
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (640)

CERTIFICATE OF DEATH

1	09	05	1
	.00	17	(1)
Diat.	No		00

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town. All (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 10 4 (alley St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	NNINGS 3. (b) Social Security Number Couldn't find onl.
4. Sex 5. Color or Jaco 6.(a) Single, married, widowed, or divorced Music	MEDICAL CERTIFICATION 20. DATE OF OBJECT 1946, 21/0:1574
6.(b) Name of husband or wife Alexand Tee Junning a	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Much 17, 1926	and thet I last saw h
8. AGE: Years Months Days If less than one day 20 7 /5hrsmin.	Immediate cause of death DURATION The Shot Warred Check
9. Birthplace	Oue to
11. Industry or business Course Corte + Seul Co.	Due to
12. Name Aranis Jermango:	Other conditions
M Carthin taliana	(Include pregnancy within 3 months of death) Major fiadiogs of operations
14. Malden name. 15. Birthplace Part Control of the Control of t	Autopsy results. Now
Address Rt. 2 New Windser, Med	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.
17. (Burial, eremetion, or removal, Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of
Cemetery or exemptory Dession Ohio	Where did injury occur (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director C. The Walfz	Means of Injury 3,2 / Life Injured at work? 72
Address Wen Jield, Med.	23. SIGNATURE faces of Thomas Paperty Thehirst, exam
19. Charge day registrar 19.46 E.M. Farren	Address litestructure to Sho Oate signed



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VS A15

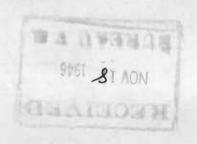
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72-8)

CERTIFICATE OF DEATH

10906 Reg. Dist. No. 24

Car	1. PLACE OF DEATH: Carroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)		
County			***************************************	State Maryland county		
City or town	tside city or town li	mits, write F	URAL and give nearest town)	D-14:		
How long in above place of	of death?5da	y.s		City or town BALLIMORE (If outside city or town limits,	write RURAL and give ne	arest town)
Hospital, Institution, or s				Street No102 Burnett Street		
Springfield State Hospital How long In hospital or Institution? 5 days			ca.L	(lf rural, givo l	LOCATION)	
	Institution?2	uays		2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security	Number
Margaret	Louise J	ubb				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	white	1	Married	20. DATE OF DEATH November 12	1946	al.12:15P.M
6.(b) Name of husband o	r wifeGeorg	eJubb.		21. I CERTIFY that death occurred on the date above November 7	e slated; that I attended dece	eased from
***************************************		6.(c) If alive, give ageyears	and that I last saw her alive on Novem		
7. Birth date of deceased (mo., day, yr.	7-5-7	6				
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
70	4	7	hrsmin.	Coronary occlusio		
9. Birthplace	Anne Arun	del Co	Maryland	Due to Myocarditis and		• • • • • • • • • • • • • • • • • • • •
			itato)	mitral insufficienc	y	years
10. Usual occupation	Housewi	1.6	***************************************	Due to		
t1. Industry or business						
質 12. Name Joh	n Heath			Other conditions Arteriosclero	sis with	
	nne Arund	-				
		2 1111	eur)	psychosis	onths of death)	
14. Malden name. 4 15. Birthplace A	une O		_/	Major findings of operations	.,,	
15. Birthplace A	nne Arund	el Co.	tid. Ua.		Date of op	
16. Informant Reco	rds of Ho	spital		Autopay results		
	esville,	•	2	PHYSICIAN: Please underline the cause to whi	ich death should he charged	statistically.
M	0		44	22. VIOLENCE: If death was due to external caus	ses, fill in the following;	
17 (Burial, cremation,	or removal. Which?	Date ther	eol(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremator;		11	Hurch Clim.	Where did injury occur?(City or town)	(()	(Stata)
(/x	La Company	06	211	(City or town) Injured at home, farm, industry, public place (who		
Location of the	The Highest of	20	MAL		Injured at work?	(
18. Funeral director	John V	7 100	uny, nec	Meens of Injury	Injured at work?	1
Address Tight	4 9 ms	nelgo	mery Als.	23. SIGNATURE	lunn	M-V
19. How. 1	3 19 46	6	Horry Elew	Spring State How	M. D.	or other 12



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	tem of	causes
	ry i	che
	eve	ite i
1	ply	WI
	Sup	ease
	INK.	d :su
D	ADING	Physicia
	UNF	tant.
D	WITH	noguni
•	AINLY,	is especially important. Physicians: please write the causes of death clearly and
5	PL.	0
9.48.15M	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully	-
or will	LEASE	
	0	

Evidence for the change and MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

10907

\$108 11/29/46

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Coucity City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 643 Pierce Street		
Colored	d Branch,	henry	ton, Meryland	(If rural, give LOCATION)		
3. (a) FULL NA			ICHARD KNOX		3. (b) Social Security	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
male	col.		single	2D. DATE DF DEATH November	26, 19.46	9:30P
				21.1 CERTIFY that death occurred on the date ab April 1,	ove stated; that I attended dec 46 Nov. 2	6 , 19 4 6
7. Birth date of	Decem	6.(her 25	c) If alive, give ageyears	and that I last saw h. im allve on Nov	. 26,	19.4.6
O. AUL.	ears Months 35 11	Days 1	if less than one day	Pulmonary Tuberc	ulosis	Feb.
11. Industry or bush	Labor	er	atate)	Due to		
HI 14. Malden nar			***************************************	(Include pregnancy within 3		
16. Informant	Deceased			Autopsy results	which death shootd be charged	
B	tion, or removal. Which	Date the	eof	22. VIOLENCE: If death was due to external ca	Date of	
Cemetery or cren	21	111	Cemetery	Where did injury occur?(City or town)		
18. Funeral directo	Adala.	hus Du	ralling	Injured at home, farm, Industry, public place (note that the means of injury 23. SIGNATURE	Injured at work?	o o o o ther
19. (Duta roo'd by	26, 19 46	Mile	puty I and Registrar	Henryton, Md.	Date signed	11-26-4



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2411 N. Charles St., Baftimore 13-2

-			-
Reg.	Diat.	No.	

			CERTIFICAT	TE OF DEATH Reg. Diat. No	1H
Carroll County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAM	1E	rge I		3.(b) Social Security 215-26-191	
4. Sex Male	5. Color or race White		e. married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMber 26 19. 46	8:55Am
7. Birth date of deceased (mo., day. 8. AGE: Yea 44 9. Birthplace Jer	yr.) January rs Months 10	1, I Days 25 Hude	It less than one dayhrs. min. On Co., N.J.	21. I CERTIFY that death occurred on the date above stated; fhat f attended dec May 1 19.43 to Nov. 2 and that I last saw h im alive on November 25 Immediate cause of death. Pulmonary tuberculosis Duo to.	eased from 19.46
11. Industry or busine 12. Name Wi 13. Birthplace N		ue New J	Jersey	Other conditions Psychosis with mental deficiency (include prognancy within 3 months of death) Major findings of operations.	life
Address 17. (Burial, cremation Cemetery or crema Location	Sykeavi	Date ther	end (month) (day) (year)	Autopsy results. Pulmonary tuberculos is. PHYSICIAN: Pfease underline the cause to which death abould be charged 22. Vfolence: It death was due to exfernal causes, fill in the following: Accident, suicide, or homicide	(State)
19. Double rec'd by r	28 19 H 6	elser E	Harry Wee	23. SIGNATURE Sold State Hospital Springfield State Hospital Address Sykesville, Maryland Oate signed	or other 11-26-46

VS A15

PLEASE



2411 N. Charles St., Baltimore

		4224
CERTIFICAT	TE OF	DEATH

A	US	109	
 Dist	No	80	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cily or town Mar Windsol	State Maryland County Coursel			
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)			
Hospilat, Institution, or Street address where death occurred:	Street No. Main Street			
	(If rural, give LOCATION)			
How tong in hospital or institution?	2.(a) If veteran, name war			
Saura Margaret Lambert	3. (b) Social Security Number			
4. Sex 5. Color or rage 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female white widow	20. DATE OF DEATH November 14 19.46 , at 8:00 A.			
6.(6) Name of husband or wife Marshall H fambert	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	November 1 19 46, 10 M ovember 1419 46			
7. Birth date of depasted (mn. day yr.) July 2 - 1868	and that I last saw h and alive on on overfeed 13 19.46			
accessed (med salt).	Immediate cause of death			
8. AGE: Years (Months) Days It less than one daymin.	berebral Hemoratoge 1200gs.			
9. Birthpiace Carroll County md	Due to arterio selerdie C-V desene year.			
(Town, county, and state)	1			
1D. Usuat occupation Hauseurfe	Due to			
11, industry or business				
12. Name Samuel a Smith 13. Birthpiace Maryland	Other conditions			
13. Birthplace Maryland				
14. Malden name abbie Haifley	(Include pregnancy within 8 months of death) Major findings of operations			
15. Birthplace maryland	Bate of op.			
18 Interment of Margaret Jambert	Autopsy results. Nove			
n which said	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
7 . 0	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or remova), Which?) Bate thereof Maria 17 - 1944 (month) (day) (year)	Accident, sulcide, or homtcide			
Cemetery or crematory . Hestmanuter Cemetery	Where did injury occur? (City or town) (County) (State)			
Location Mistminster Maryland	injured at home, farm, Industry, public place (where?)			
19. Funeral director D. D. Hartzler & Salys	Means of injury Injured at work?			
Address The Windsol & Union Bridge, md	- 23. SIGNATURE SILLIN I Thorack In N			
19 CT 15 1946 6 www.	23. Signal Ung			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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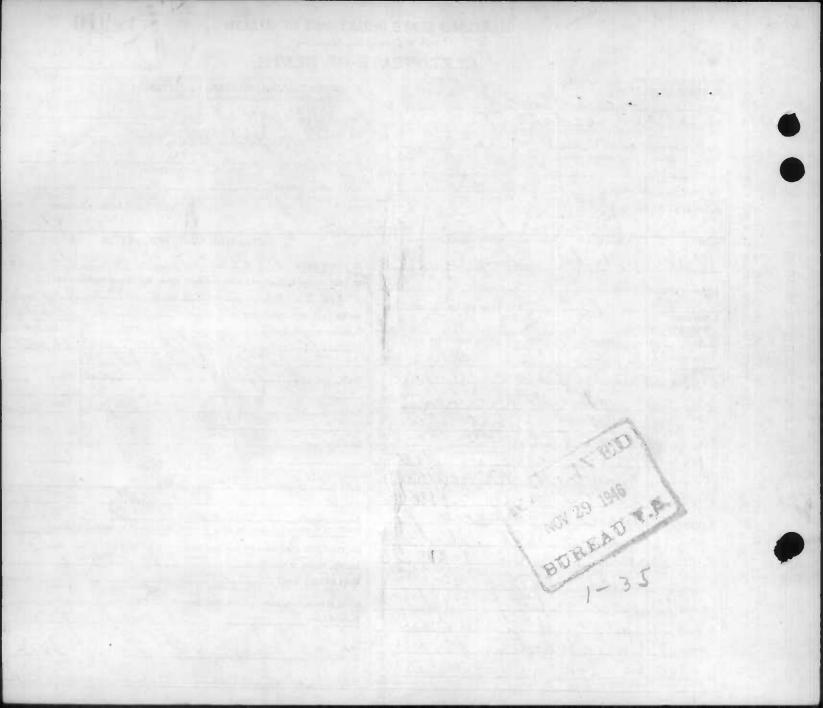
CERTIFICATE OF DEATH

		da
	- "	1/1
	Dist	No
Keg.	DIST.	INO/

CERTIFICAT	E OF DEATH Reg. Dist. No.
County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? Tec/le-30/443	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Howard E. Le	3. (b) Social Security Number 215-20-8646
6.(6) Namo of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
16. Informant Address 17. Burnard (Burlal, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral disector. Address 19. Acr. 20 19. A	Antopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



CERTIFICATE OF DEATH

AA		10
Reg.	Diat.	N6-

2411 N	. Charles St., Baltimore 740
CERTIFI	ICATE OF DEATH
1. PLACE OF DEATH: County Our town Research With the RURAL and give nearest tow How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State M. County Cultural (If outside city or town limits, write RURAL and give nearest to Street No. R.D. ### (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clarence Edgar	Lepho 3. (b) Social Security Numb
4. Sex 5. Color or race 6.(a) Single, married, wildowed for divorced married	MEDICAL CERTIFICATION 9.2. 20. DATE DE DEATH. NOT 15 1946 18
6.(6) Name of husband or williala Lucrelia lingl	
7. Birth date of deceased (mo., day, yr.) Dec - 25 - 1890	and that I last eaw h ative on limediate cause of death
8. AGE: Years Months Days If less than one day	min. Coronson believes
9. Birthplace Barroll Co. md. (Town, county, and state)	Due to
10. Usuat occupation	Due to
E 12. Name Williams 14. Deplo	Dther conditions
14. Maiden name amount C. Tribinger	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Carroll Co. md.	Autopsy results. none and an analysis and an a
Address Westminister # 4. md.	PHYSICIAN: Please anderline the cause to which death should be charged statist 22. VIOLENCE: If death was due to external causes, fill in the following:
(Duylai, cremation, or removal. Which?) Date thereof 20	ear) Accident, suicide, or homicide
Cemetery or crematory formand consisting	Where did injury occur? (City or town) (County) (Sta
18. Funeral director & Bankard VSon	Mesns of tnjury tnjured af work?
Address Weatminster, Md.	23 SIGNATURE WILLY I here Execute the deal Comment
19. (Date rec'd by registrar)	Registrar Address Marilland Mar Date signed Mar

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

10912

eg. Dist. No.

1. PLACE OF DEATH: COUNTY. (It Consider for a county in the little of the sense of		
County City or team. County And Survey and State of State	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Size and the second sec	County ACAMAL .	(For newborn infants give residence of mother)
Dot (age in above of cash) Brought institution, or short velocity of the feath velocity		State County Mulling -
Street No. (If overall, every stands, every	(If outside aty or town limits, write RURAL and give nearest town)	la anna a la a la al
Recognition	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
See	Hospital, Institution, or street address mere death accessed	Street No.
3. (a) FOUL NAME 4. Sex 5. Color or race 6. (a) Single, married, widered, or diversed MRIDICAL CERTIFICATION MRIDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFICATION 22. DATE DF DEATH 23. (b) Social Security Number MRIDICAL CERTIFICATION 24. Locality Indied as above styley: that attended deposated tree 3. (c) If alive, give see 7. Series 7. Series 8. AGE: Vests 8. AGE: Vests 8. Mayor 10. Usual occupation 11. Industry or bufflyes 12. Name of Judget Series 13. Sirthplace 14. Malden name 15. Sirthplace 16. Malden name 16. Malden name 17. Malden name 18. Malden name 18. Malden name 19. Malden name	Springfull Jake I orgifal	(If rural, give LOCATION)
6. (c) Name of husband or wile 8. (c) It alive, give age deceased (mo. day, yr.) 9. Birth date of deceased (mo. day, yr.) 9. Birthplace (It over county, supplicity) 10. Usual occupation. 11. Industry or buffytes 12. Name of husband 13. Birthplace 14. Maiden name. 15. Birthplace 16. Individe pregnancy within 3 months of death) 17. Birthplace 18. Actopy results. 19. Major 19. Date of op. Actopy results. PHYSICIAN: Please anderline the cause to which death aboud be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Actopy results. PHYSICIAN: Please anderline the cause to which death aboud be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Actopy or remains. 18. Funeral directory. 18. Funeral directory. 19. Funeral directory. 19. June	New long in hespeal or institution?	2.(a) If veteran, name war
6. (c) Name of husband or wile 8. (c) It alive, give age deceased (mo. day, yr.) 9. Birth date of deceased (mo. day, yr.) 9. Birthplace (It over county, supplicity) 10. Usual occupation. 11. Industry or buffytes 12. Name of husband 13. Birthplace 14. Maiden name. 15. Birthplace 16. Individe pregnancy within 3 months of death) 17. Birthplace 18. Actopy results. 19. Major 19. Date of op. Actopy results. PHYSICIAN: Please anderline the cause to which death aboud be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Actopy results. PHYSICIAN: Please anderline the cause to which death aboud be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Actopy or remains. 18. Funeral directory. 18. Funeral directory. 19. Funeral directory. 19. June	3 (a) FOUL NAME	1 2 (b) Social Social Number
8. (b) Name of husband or wife	P. C.	3. (0) Social Security Number
8. (b) Name of husband or wife	ana u	yafelh hem
5. (d) Name of hubband or wife 5. (e) It allive, give agre 3. AGE: Years Mayor Days If less than one day 10. Usual occupation. 11. Industry or budybys 12. Name. All 13. Birthplace 14. Malden name Conditions 15. Informant Description or removal, While) Date thereof. Mayor 16. (div) tycars 17. Birth date hoccurred an the date above stated: than altereded deceaged from the date above stated. 18. Informant During that date hoccurred and the date above stated: than altereded deceaged from the date above stated. 19. Industry or date of the date hoccurred and the last saw hold will be saw hold with the same of date and the last saw hold will be saw hold with the same of date hours and the last saw hold will be saw hold with the same of date hours and the last saw hold will be saw ho	4. Sex 5. Color or race 6.(a) Single, married, widowed, or Avorced	MEDICAL CERTIFICATION
5. (d) Name of hubband or wife 5. (e) It allive, give agre 3. AGE: Years Mayor Days If less than one day 10. Usual occupation. 11. Industry or budybys 12. Name. All 13. Birthplace 14. Malden name Conditions 15. Informant Description or removal, While) Date thereof. Mayor 16. (div) tycars 17. Birth date hoccurred an the date above stated: than altereded deceaged from the date above stated. 18. Informant During that date hoccurred and the date above stated: than altereded deceaged from the date above stated. 19. Industry or date of the date hoccurred and the last saw hold will be saw hold with the same of date and the last saw hold will be saw hold with the same of date hours and the last saw hold will be saw hold with the same of date hours and the last saw hold will be saw ho	1 W undoweld	X-256
7. Berth date of decased (mo, day, yr.) 8. AGE: Team Months Days It less than one day 9. Birthplace (cown, county, mighstay) 10. Usual occupation 11. Industry or business 12. Name of Months Days It less than one day 13. Birthplace 14. Maiden name (cown, county, mighstay) 15. Birthplace 16. Informant Days (month) (day) (year) 17. Where did injury occur? (City or town) 18. Funeral director (county) (State) 19. Man and this i last saw h. Amerilly on Mainth and the county of the conditions 19. Man and this i last saw h. Amerilly on Mainth and the county of t	Of porting of the	
Surth date of deceased (mo., day, yr.) Surth date of deceased (mo., day, y	6.(b) Name of husband or wife	
1. Birthplace (Town, county, anistaty) 10. Usuat occupation 11. Industry or bubityse 12. Name. Address 13. Birthplace 14. Maiden name. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Major results. Date to control to the following: Autopy results. PHYSICIAN: Please andecline the cause to which death should be charged statistically. Demotery or crematory (City or town) (County) (State) (Injured at work? Major same and iffil last saw h. — 19. —	f (c) If alive give age years	30 Th., 10 Plat 1976
8. AGE: Years Maghs Days If less than one day 9. Birthplace (Town, county, angletaty) 10. Usual occupation. 11. Industry or budges. 12. Name ref. 13. Birthplace 14. Maiden name (Include pregnancy within 3 months of death) Major findings of operations 15. Birthplace 16. Informant Major findings of operations 17. Date thereof. (Morini, cremoval. Which) Date thereof. (month) (day) (year) Location Date of operations 18. Funeral director (Surini, cremoval. Which) Date thereof. (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 19. Funeral director (where?) Means of injury 10. Usual occupation. 10. Usual occupation. 11. Industry or budges. 12. VIOLENCE: If death was due to external causes, fill in the following: 12. VIOLENCE: If death was due to external causes, fill in the following: 13. SISMATURED. 14. M. D. J. Spect. M. D. J. Spect. M. D. J. Spect. M. D. J. Spect.	7. Birth date of	and that I last saw h
9. Birthplace (Town, county, an interior) 10. Usuat occupation. 11. Industry or buffyes 12. Name of line of the conditions (Include pregnancy within 3 months of death) 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name (Include pregnancy within 3 months of death) 15. Birthplace (Include pregnancy within 3 months of death) 16. Informant (Include pregnancy within 3 months of death) 17. Autopsy results. PHYSICIAN: Please andecline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) 18. Funeral director. Address 23. SIGNATURED. Meens of injury Injured at work? M. D. Address M. D. Address 23. SIGNATURED. M. D. Address M. D. M. D. Address M. D.		Immediate cause of death
Bue to. Due	8. AGE: Years Mordes Days If less than one day	
10. Usual occupation. 11. Industry or business 12. Mame	83 7 /3min.	Corner Throntour I has
10. Usual occupation. 11. Industry or business 12. Mame	hants Co.	
11. Industry or buckprese 12. Name.	9. Birthplace(Town, county, any) states	Due to.
11. Industry or buckprese 12. Name.	10 Hauri acquarites Lensunte	Carting deliner of
12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 16. Informant 17. Name 18. Informant 1	0 0 10 1.	Due to.
(Include pregnancy within 3 months of death) 15. Birthpiace 16. Informant Address 17. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Cemetery or crematory. Cemetery or crematory. Location. 18. Funeral director. Address 23. SIGNATURED. Major findings of operations. Mator findings of operations. Major findings of operations. Mator findings of operations. Mator findings of operations. Major findings of operations. Mator findings of operations. Mator findings of operations. Major findings of operations. Mator fi	11. Industry or pusitiese	
(Include pregnancy within 3 months of death) 15. Birthpiace 16. Informant Address 17. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Cemetery or crematory. Cemetery or crematory. Location. 18. Funeral director. Address 23. SIGNATURED. Major findings of operations. Mator findings of operations. Major findings of operations. Mator findings of operations. Mator findings of operations. Major findings of operations. Mator findings of operations. Mator findings of operations. Major findings of operations. Mator fi	12. Name of Manager of Asser.	Dither conditions
16. Informant Address 17. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Cemetery or crematory. Universal director Address Address 23. SIGNATURED. Major findings of operations. Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 24. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Universal director Where did injury occur? (City or town) (County) (State) Injured at work? Maens of injury 23. SIGNATURED. M. D. Josefer	I 13. Birthplace / Months	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burlial, cremation, or removal, Which?) Cemetery or crematory. Location Location Meens of injury Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. City or town) (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of injury 18. Funeral director. Address 23. SIGNATURED M. D. #Applier	El Verrina / Produm	(Include pregnancy within 3 months of death)
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burlial, cremation, or removal, Which?) Cemetery or crematory. Location Location Meens of injury Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. City or town) (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of injury 18. Funeral director. Address 23. SIGNATURED M. D. #Applier	14. Maiden name	Major findings of operations
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE? M. D. # State	\$ 15. Birthplace / / Namascut.	Date of op.
Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	18 lotomas Merkert Algent	
22. VIOLENCE: If death was due to external causes, fill in the following; (Burlial, cremation, or removal, Which?) Date thereof. May (year) (Burlial, cremation, or removal, Which?) Cemetery or crematory. County. (County) Location. County) Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Maens of injury 18. Funeral director. Maens of injury 23. SIGNATURE.	10, informant	
Date thereof	Address Managent furt	22 VIOLENCE, 16 death was due to external course. (III in the following:
Cemetery or crematory. Location Location 18. Funeral director. Address	17 (3 & Date thereof 200 / 9 / 9 4 6	
Location Location Injured at home, farm, Industry, public place (where?) Injured at work? Injured at work? Address	(Burial, cremation, or removal. Which?) (month) (day) (year)	
Location Location Injured at home, farm, Industry, public place (where?) Injured at work? Injured at work? Address	Cemetery or crematory / Level 1000	Where did injury occur?
18. Funeral director Injury Injured at work? Address 23. SIGNATURED M. D. player M. D. player	monta of the	
Address 23. SIGNATURED 23. SIGNATURED M. D.	LOCATION A 216 P	
23. SIGNATURED M. D. Aloger M. D. M. D. Aloger M. D. M.	18. Funeral director 200 (3 on the	7 O Injures at mark
23. SIGNATURED M. D. Aloger M. D. M. D. Aloger M. D. M.	Address Forther will ze	May Man To MIN
		23. SIGNATURES
19. white the state of the stat	19. The 18 Hle C. Herry Week	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH



I a HOULT DECIDENCE (TTOREE) OF DECEASED

How long in above place Hospital, institution, or	RIPAL G outside city or town lim of death? street address where de		Street No		
4. Sex	1 5. Color or race	Walter Getty Lov	MEDICAL CERTIFICATION		
25 - L					
male	white	married	20. DATE OF DEATH. MOVEMber 11 1946 19. 30.0 M		
7. Birth dafe of	or wife Edi	th Smith 			
8. AGE: Years		Days If less than one day	Immediate cause of death OURATION Clred-L Clworthage , dan in.		
10. Usual occupation	Hatche	or laryland unty, and state)	Oue to		
13. 6irthplace HLOW 15. 6irthplace 16. informanf	Ellswor Mary Marth Nar Irs. W.	a Haines yland G. Lovell	Other conditions (include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Location	West	Date thereof 11/14/46 (month) (day) (year) ninster Cemetery minster, Md, rancis Reese	Means of injury Injured at work? 23. SIONATURE M.D. or other M.D. or other		

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

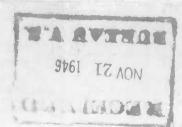
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CERTIFICATE OF DEATH

Rog. Dist. No. 74

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of s	DECEASED:	
County	*************************	Carroll	Maryland		
How long in above place	ot death? 3.5 YX street address where	ear Sykesville mits, write RURAL and give nearest town) be 4 mo., 18 days death occurred: id State Hospital	City or town Baltimore C (If outside city or town limits Street No. (If rural, give		areat town)
How long in hospital or	institution? 3.5	r., 4 mo., 18 days	2.(a) If veieran, name war		V
3. (a) FULL NAMI	E	oll Messick		3.(b) Social Security none	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	single	2D, DATE OF DEATH November 1		11:25A m
			21. I CERTIFY that death occurred on the date about May 1	ve stated; that I attended doce	19.46
8. AGE: Years	Months	Days If less than one dayhrsmin.	Immediate cause of death Coronary occlusion		instant
10. Usual occupation	lab	eounty, and state)	Due to		
12. Name	d f. ll ll W	Maryland			
14. Maiden name.	Unch-	Maryland	phrenic type (Include pregnancy within 8 n Major findings of operations.		**********
16. Informant		ate Hospital Records	Autopsy results	Clusion	statistically.
Address 17. Quality (Burlal, cremation Cemetery or cremator Location	or removal Which?)	Bate thereof. May (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County)	(State)
18. Funeral director	C SIA	exille, m.	Robert Bertrand May, M.D. 23. SIGNATURE Safe A Bank	Injured at work?	mo.
19. 7200.	19 1946	C. Hally Well	Springfield State Hospital Sykesville, Maryland	M. V.	11-16-46

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Carroll		***************************************				
City or town Mar	City or town (If outside city or town limits, write RURAL and give nearest town)		TID AT3	State Maryland Couoty		
(ir	l d	avs	ORAL and give nearest town)	City or town Bal timore (If outside city or town limits, write RURAL and give near	rest town)	
Magnitul Institution or	street address where d	eath accurred		Street No. 952 West Saratoga Street	- Cown)	
marylan	d Tubercu	Losis	Sanatorium	Street No. (If rural, give LOCATION)	f	
Colored	Branch,	Henry	ton, Maryland	2.(a) If veteran, name war.	V	
3. (a) FULL NAM				3. (b) Social Security	Number	
5. (a) 10 == 1		MITC	HURT.T.	S. (b) Becauty	at a mout	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
fem le	colored	1	idowed	2D. DATE OF DEATH. November 13, 19 46	9 300	
I Calle I G	1 0010180	A	Taowea			
6.(6) Name of husband	or wite			21. I CERTIFY that death occurred on the date above stated; that I attended dece		
		6.(0	e) If alive, give ageye	November 12, 1946 to Nov. 13		
T. Birth date of deceased (mo., day,			9, 1897	and that I last saw h		
8. AGE: Year		Days	If less than one day	Pulmonary Tuberculosis	Oct.	
49	9	4			1945	
1	Morfolk	TIO		Que ta	***************************************	
9. Birthplace	(Town,	ounty, and	utate)	Due to	*************************************	
10. Usual occupation.	Domesti	С			***************************************	
11. Industry or busines				Due fo	* *************************************	
		flete			* *************************************	
F	Virginia			Dther conditions		
				(Include pregnancy within 3 months of death)		
当 14. Malden name	Elizabeth	Free	man	Major findings of operations		
14. Maiden name 15. Birthplace	Virginia					
1)	222222					
16. Intermant	eceased			Autopsy results		
Address			11111111111	22. VIOLENCE: If death was due to exfernal causes, fill in the following:		
17 Ships	fle, or removal. Which?)	Date then	eof. // // // // (month) (day) (year)			
(Burial, crematic	, or removal, Which?)	DETO THE	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremat	ory			Where did injury occur?	(State)	
no no	relief k.	1/6	, ,	Injured at home, farm, Industry, public place (where?)		
Location A A A A A A A A A A A A A A A A A A A		-///	Msans of Injury injured at work?			
18. Funeral director	racy	· · ·	nuc,			
Address(322	n. Scho	rdan	· 4T	23. SIGNATURE / Culleu TD) Renau M. D.	n.D.	
11/13	46	130	1.1 PA			
(Date rec'd by re	19.46. egistrar)	eputy	Registr	ar Address Henryton, I.d. Date signed.	11/13/4	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

WRITE

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2-0740

leg.	Dist.	No.	

1		CERTIFIC	ATE OF DEATH Reg. Dist. No	74			
How long in above	rroll Henryton (If outside city or town lin place of death?	Md. aits. write RURAL and give nearest town) ealh occurred: Losis Sanatorium Jenryton, Maryland	State Maryland County Baltimore (If our lown lown limits, write RURAL and give ne	arest town)			
3. (a) FULL N	AME	JAMES MORAG	3. (b) Social Security	Number			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male	col.	divorced	20. DATE DF DEATH November 11, 19 46	4:00A			
7. Sirth dale of	Feb 1		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 19, 43 to Nov. 11, 19, 46				
8. AGE:	Years Months 34	Days It less than one day	Immediate cause of death Pulmonary Tuberculosis	Dec. 1942			
9. Birthplace 10. Usual occupat	tionLabo	le, S.C.	Due to				
	Joe Moragne) Carolina					
H 14. Maiden n		bert	(Include pregnancy within 3 months of death) Major findings of operations.				
El 15. Birthplace	6 OTTIVITO 44TT		Date of op.				
10. 1111011114111	Deceased		Antopsy results				
	ation, or removal. Which?)	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)			
Location	4200	wood Stary	Injured at home, farm, Industry, public place (where?)				
18. Funeral direc	tor. 13/2	4 n. Central Go	22 SIGNATURE The Gen Golfman, n	n · D.			
19. Nov.	11, 46 by registrar)	Deputy Local Region	Address Henryton, Md. Date signed	or other 11-11-4			

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186 a)

CERTIFICATE OF DEATH



					Keg. Diat. 140	***************************************	
1. PLACE OF DEA					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
,	rroll		***************************************		State Maryland County		
City or town	JYKESVII	mits, write i	RURAL and give n	earest town)			
How tong in above place	of death? 3.7	yrs.	6 mos. 2	days	City or town Baltimore (If outside city or town limits, write RURAL and give near	est town)	
Hospital, institution, or	street address where	dealh occurre	d:		Sireet No. 411 South Furrow St.		
	field Sta				(1f rurai, give LOCATION)	./	
How long in hospital or	institution?3.7	yrs	6 mos	2 days	2.(a) If veleran, name war	V	
3. (a) FULL NAME					3. (b) Social Security !	lumber	
Mag	gie Pescl	hant					
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed,	or divorced	MEDICAL CERTIFICATION		
female	white	S	ingle			F. 50A	
					20. DATE OF DEATH November 14 19.46		
6.(b) Name of husband	or wife				21. I CERTIFY that death occurred on the date above stated: that I attended decea	sed from	
				years	April 19 41 10 Nov. 14	. /	
7. Birth date of deceased (mo., day, y	1879	?				19.46	
8. AGE: Years	Months	Days	If less than one	day	Immediate cause of death	DURATION	
67	6	2	hrs.	min.	B -	- 4	
01			1		Principalina	Loage	
9. Birthpiace	Baltimo (Town,	county, and	aryland		Due to	***************************************	
10. Usual occupation							
		oE4 : 100 -			Due to accidental fall curtific	***************************************	
11. Industry or business					Triffed oree or fraing of shaen!	3 wach	
用 】	nknown		******************		Dither conditions that he feet hip	1/-0/40-	
13. Birthpiace	Unknown				(Include pregnancy within 3 months of death)	4 years	
14. Maiden name	Unknown				Major findings of operations.		
15. Birthplace	Unknow	n			Najor pagings of operations.		
	ecords o	f Snr	ingfield	State	Actory results Arnehopseumonia Frature of le	lt Lp	
16. informantHO	ecords of		### @ #*#*	4	PHYSICIAN: Please naderline the cause to which death should be charged	tatistically.	
Address	Sy		lle, Md		22. VIOLENCE: tf death was due to external causes, fill in the following:		
17 Burns	or removal. Which?	Date the	reof Move: (month)	6,17HG		er 25 ch, 1946.	
	12/ . /	200. 10	and told	enter.	Where did injury occur? Hagistal Manda (County)		
Cemelery or cremalo	A State Land Grand	aff	terriporamidabd.	massay	(Citty or town) (County)	(State)	
Localion A.	Mountell	2	W.		Injured at home, farm, industry, public place (where?) Thrungfield State.	JANA PHOKARA	
1B. Funeral director	P Han	y 70.	eer		Meens of injury accelerated fall. Injured at work?		
		2.0	2 7.1		(1) 01115.112	0 0	
Address	ayn	ioixili	mia.	/	23. SIGNATURE Conold H. Zickert	n other	
19. HOU /	e 19 H6	Can	Harry	Weed	Address Aringfild State Horp. Date signed!		
(Date rec'd by rea	ristrar)		0	Registrar	Address Date signed Date signed	f	



2411	N.	Charles	St.,	Baltimore	94

241	1 N.	Charles	St., Bal	timore 94a
CERTI	FIC	CATE	OF	DEATH

	1	0	9	18	./
Reg. Dist.	No.			7	4

DURATION instant

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Baltimore City City or town (If outside city or town limity, write RURAL and give nearest town) Sireet No. 2 (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME John Przewozni	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White	MEDICAL CERTIFICATION 20, DATE OF DEATH November 24 19,46 .5:5		
6.(b) Name of husband or wife Theresa Przewozny 7. Birth date of deceased (mo., day, yr.) March 4, 1882	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19. 43 to Nov. 24		
8. AGE: Years Months Days If less than ons day	lmmediate cause of death Coronary occlusion ins		
9. Sirthplace Poland (Town, county, and state) 1D. Usual occupation stevedore 11. Industry or business 12. Name Mike Przewozni	Due to Due to Dither conditions Chronic alcoholism,		
13. Birthplace Poland Handler name Mary 15. Birthplace Poland	With psychosis (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Informant Springfield State Hospital Records Address Sykeaville, Maryland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic.		
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Holy Rosary Cluber Location Ballinere Caush 18. Funeral director of the Mester Street	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
19. 11 – V6 & C Quality (Date rec'd by registrar) Registr	Springfield State Hospital Sykesville, Maryland Date signed		

H)MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

74 / Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 29 days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Sireel No. 609 Warner St.		
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
Colored Branch, Henryton, Md.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ERNESTINE REDDICK			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colpred single	2D. DATE DF DEATH NOVember 22, 19 46 st 3.DOP M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Sept., 23, 18 46 Nov. 22, 18 46 and that I last saw h er alive on Nov., 22, 18 46		
7. Birth date of Type 1 Type 1 Type 2			
deceased (mo., day, yr.) April 3, 1931 8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Apr. 12		
15 7 19hrsmin.	1946		
	1010		
9. Birthplace Baltimore, Md. (Town, county, and state)	Due to		
10. Usual occupation Student	Due to.		
11. industry or business	300 (0.10)		
≝ 12. Name Mavin Reddick	Dither conditions		
Mavin Reddick 12. Name Mavin Reddick South Mills, N. C.	(Include pregnancy within 3 months of death)		
14. Malden name Pauline Miller	(Include pregnancy within 3 months of death) Major findings ul uperatious		
15. Birthplace South Mills, N. C.			
16. Informant Pauline Reddick			
Address 609 Warner St. Baltimore, Md.	22. VIOLENCE: 11 death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Bate Ihereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Mt Call	Where did Injury occur? (City or town) (County) (State)		
A A Co md	Injured at home, farm, Industry, public place (where?)		
Location A A A A	Means of Injury injured at work?		
18. Funeral director Isaccal & Process San			
Address 108W montgomery Succet	23. SIGNATURE RUBBEN KOffman, m.O.		
19. 11/22 19.46 (Date ree'd by registrar) Deputy Local Registrar	M. D. or other		
(Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md. Dale signed 11/22/46		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and leaves and leaves of death clearly and leaves of the causes of death clearly and leaves of the causes of death clearly and leaves of the causes of the causes of the cause of the

PLEASE

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NOV 25 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

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2000	-				

Reg. Dist. No. ...

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)			
City or town Sykesville (if outside city or town limits, write RURAL and give nearest town)				State Maryland County			
(If outside	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 days			City or town Baltimore (If outside city or town limits, write RURAL and give nearest			
How long in above place of deat Hospital, Institution, or street							
			al	Sireet No. 4902 Reisterstown Road			
		4		2.(a) If veteran name war	V		
3. (a) FULL NAME							
				3. (b) Social Security Num	iber		
	Herbe	rt Rei	e, married, widowed, or diverced				
4. Sex 5. Co	tor of face	o.(w) sing	e, married, widdwed, or differed	MEDICAL CERTIFICATION			
Male	White	Mar	ried	20. DATE OF DEATH November 6 19.46 at	3;30 p M		
			arham	21. I CERTIFY that death occurred on the date above stated; that I attended deceased 10/26			
7. Birth date of			c) If alive, give age	and that I last saw h. iM alive on 11/6			
deceased (mo., day, yr.)	11/16	/64		Immediate cause of death	DURATION		
0. MgL.	Months	Days	If less than one day				
81	11	20	hrs min.		12 hrs		
a Righalaga Unkne	own			Due to			
3. Birthpiace	(Town,	county, and	state)				
1D. Usual occupationPJ	harmaci	s.t		Que to.			
11. Industry or business							
当 12 Name Unki	nown			Diher conditions Psychosis with cerebral	2 vrs		
12. Name Unki				Arteriosclerosis (thelude pregnancy within 3 months of death)			
	olen own			(include pregnancy within 3 months of death)			
10				Major findings of operations.			
	nknown			Date of op.	*******************		
16. Informant Records	of Sp	ringfi	eld State Hospita	Autopsy results			
Address Sykess	rille, l	Waru la	nd	PHYSICIAN: Please underline the cause to which death should be charged statis	tically.		
	,	maryc	Mar 8-1946	22. VIOLENCE: It death was due to external causes, fill in the following;			
(Burial, cremation, or removal. Which?) Date thereof. Our 8-1946 (month) (day) (year)				Accident, suicide, or homicide			
Cemetery or crematory	Meste	un	Λ	Where did injury occur?	ate)		
Baltimore Maryland				Injured at home, farm, industry, public place (where?)			
Location		+0 (N O W	Means of injury injured at work?			
18. Funeral director	elsuro	reh (crinacoo!	moune of mjory			
Address 3911 c	Silver	tul	Leights Oure:	(20ld 45: 1 + m.O			
1/2	U/	1	A D. 16 lue	23. SIGNATURE SPRINGFIELD STATE HOSPITAL M. D. or ot	her		
19. (Date fee'd by registrar)	19.7.6	2	Registrar	Address Sykesville, Maryland Date signed 1	1/6/46		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

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L	1		U	4	L

Reg. Diat. No.

1. PLACE OF DEATH: County Carroll City or town rural near Sykesville (If outside city or town limits, write RURAL and rive nearest town) How long in above place of death? 31 yrs 5 mo. 5 days Hospilal, ipstilution, or street address where death occurred: Springfield State Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Maryland State Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution? 31 yrs 5 mo 5 days	2.(a) th veteran, name war
Ferdinand & Reinhart Rine	hart 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. NOVEMBER 20 1946 31 2:52P M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 4 18.46 Nov. 20 19.46 Nov. 20 19.
9. Birthplace. Baltimore, Maryland (Town, county, and state) 10. Usual occupation. laborer 11. industry or business 12. Name. George Reinfrastt Ringhart 13. Birthplace	Oue to. Oue to. Other conditions Dementia praecox, paranoid type
Alverta Morgan 14. Maiden name Maryland 15. Birthplace Maryland 16. taforman Springfield State Hosp Records Sykesyille Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address 17 Burisl, cremation, or remoyal. Which?) Cemetery or crematory Location 18. Funeral director Burase # Blight Address 4914 Belain Road. 19. 19. 19. 19. 19.	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, is especially

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PLEASE

Nov.21,

(Date rec'd by registrar)

46

CERTIFICA	TE OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3. (a) FULL NAME ELSIE MARIE ROB	3.(b) Social Security Number 214-22-1606
female col. 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH November 21, 19 46, all: 20P
6.(6) Name of husband or wife George Robinson 6.(c) If allve, give age 22 7. Birth date of deceased (mo., day, yr.) March 14, 1920	and that f last saw h
8. AGE: Years Months Days If less than one day 26 8 7hrsmir	Pulmonary Tuberculosis DURATION Feb. 1946
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Domestic 11. Industry or business 12. Name Benjamin Williams (Town, county, and state) 13. Birthplace Calvert County, Md.	Due to
14. Malden name. Mary Alice Sisco 15. Birtholace Calvert County, Md. Deceased	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant Address 17. Burial (Buriat, cremation, or removal, Which?) Cametery or crematory Location Address Ad	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Nov. 21 46 011 40 1	23. SIGNATURE M. D. or other

Henryton, Md.

Deputy Local Registrar Address.

RECEIVED

NOV 27 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97





CERTIFICATE OF DEATH

			Keg. Dist. 140	A
1. PLACE OF DEA		CII	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		Carroll	Manufand	
City or town(tf o (tf o How long in above place Hospilal, institution, or	of death? 2 MO street address where t	near Sykeaville mits, write RURAL and give nearest town) nths, 15 days leath occurred: ld State Hoapital	City or town Baltimore City (If outside city or town limits, write RURAL and give neare Street No. (If rural, give LOCATION)	st town)
		onths, 15 days	2.(a) If vetersn, name war	V
3. (a) FULL NAME		2 71 - 2 71 2	3. (b) Social Security N	umber
Series Inc.	Edwa	rd Haslup Rider		
4. Sex	5. Color or race White	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMber 9 1946	.5:27pm
	****	H. McGee 6.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I ettended decease	ed from
8. AGE: Years		Days If less than one day 13hrs.	Immediate cause of death Arteriosclerosis, prior to	DURATION 1945
10. Usual occupation	Gardner	ounty, Maryland	Due to	
E. I		Maryland	bral arteriosclerosis (Include pregnancy within 3 months of death)	6 mo.
CC T	A page A	nn McConkay , Maryland	(tnclude pregnancy within 3 months of death) Major findings of operations. Date of on.	
16. Informant	Springfield S	tate Hospital Records	Autopsy results	
	or removal. Which?)	Date thereof. 11-12-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	State)
Location	allo "	as.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Address / 2/7		Cook, hu	Robert Bertrand May, M.D.	· mD
	10 19 4 6 gistrar)	C. Harry Weer	23. SIGNATURE Springfield State Hospital M. D. of Sykesville, Maryland Date signed	1-9-46

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	shown on	8
G 208	9/29/46	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (88)

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26.	1	1		4	4	4
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74

Reg.	Dist.	No.	

County Carrott				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	4
Henryton				State Maryland Couply	
				Doltimono	
How long in above place o	f death?	days		City or town (If outside city or town limits, write RURAL and give nearest to	₩n)
				Street No. 1823 Maryland Avenue	
Colored	Branch	Henry	Sanatorium ton, Maryland	(If rural, give LOCATION)	V
How long in hospital or i	nstilution?			2.(a) tt veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	er
			BUSTER SAVAGE	212-16-0769	
4. Sox	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	· MEDICAL CERTIFICATION	
male	col.	me	rried	2D. DATE DF DEATH November 20, 146 ,7:	30A.
8.(b) Name of husband or wife. Velma Savage				21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro October 28, 19.46, to Nov. 20,	m 19.46
7. Birth date of			r) It alive, give ageyears	and that I last saw h im _alive on November 20,	19.46
deceased (mo., day, yr.				ammediate chare of acata	DURATION
8. AGE: Years	Months	Days	tf less than one day	Pulmonary Tuberculosis . A	pril
32	5	12	hrs mln.	1	944
9. Birlhplace N	orth Car	colina		Bue lo.	
9, Birinpiace	(Town,	county, and	state)		
1B. Usual occupation	Truck	Drive	er	D. A.	
11. Industry or business				U90 TO	
	arles Sa	AVACE		,	
E 12. Name	rth Caro	olino		Dther conditions	
				(Include pregnancy within 3 months of death)	
五 14. Maiden name	Lucia I	eace		Major findings of operations	
14. Maiden name 15. Birthplace	North (Caroli	na	Major nagings of operations	
16. informantDE	ceased			Autopsy results	cally.
Address					
	. 8	Dala Abas	Mar 23. 1946	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
17. (Burnet cremation, or removal, Which?) Bale thereot. 23, 1946 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator	gut.	Cal	vary Cens	Where did injury occur?	e)
Location a	, a . c	ven	74)	Injured al home, tarm, industry, public place (where?)	
	1	0	10 1	Means of injury Injured at work?	
18. Funeral director				2 . 500	
			Street	23. SIGNATURE Ruber Hoffman m.D	¢
19 Nov. 20), 4(Own	best Il Amarcha	Henryton, Md. Bate signed 11-	20-46
(Date rec'd by registrar) Deputy Local Registrar				Address Dato signed	

NOV 22 1908 ETEXAN V B

VS A15

CERTIFICATE OF DEATH

10925 Reg. Dist. No. 240

1					
1. PLACE OF I		`11	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Maryland County Allegany		
			How long in adove pi	or street address where d	eath accurred.
nospital, matitution,		d State Flospital	Street No.		
How long in hospital		ye, 6 mor.	(If rural, give LOCATION) 2.(a) If veteran, name war	V	
3. (a) FULL NA		William Schaidt	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	married	2D. DATE DF DEATH November 20, 19 46	10:45p	
		gnes Schaidt	21. I CERTIFY that death occurred on the date above stated; that I attended decer May 23 19 to Nov.	20, 1946	
7. Birth date of	-	B.(c) If alive, give ageyear	and that I last saw h lm alive on 100, 20		
deceased (mo., da	y, yo January	11, 1885	Immediate cause of death	DURATION	
O. Prom.	ears Months	Days If less than one day	Bronopopneumonia	5 days	
61	10	10 hrs. min.			
C	umherland	Maryland	Arteriosclerosis	4 yrs.	
9. Birthplace	(Town, c	Maryland	Due to		
40 Naval assuration	Civil Er	ngineer	***************************************		
		* Page 4	Due to	***************************************	
11. Industry or bush		• 7 .			
12. Name	ohn F. Ser	aidt	Diher condillons Psychosis with		
13. Birthplace	Unk		cerebral arteriosclerosis (Include pregnancy within 3 months of death)	4 yrs.	
5	Elizabet	h Kavhezk	(Include pregnancy within 3 months of death)		
E 14. Malden nan	me	774 724	Major findings of operations		
15. Birthplace	Elizabet Baltimore,	Maryland	Date of op		
18. Informant	Springfield St	ate Hospital Records	Autopsy results		
		ille, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	ntutistically.	
Address		4.	22, VIOLENCE: If death was due to external causes, fill in the following;		
17. 20 ec	riel	Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Buriai, cremat	tion, or removal. Which?)				
Cemetery or crematory Sumbeland			Where did injury occur?	(State)	
Location	Marry	co. Jul.	Injured at home, farm, industry, public place (where?)		
LocationV		· · · · · · · · · · · · · · · · · · ·	Means of injury tojured all work?		
18. Funeral director	atour	a) coller Me.	Robert Bertrand May, M.D.		
Address (2	umberka	ud med.	Role & Boutenad May	mo.	
5	. ,,	o Harry Edeed	23. SIGNATURE Springfield State Hospital M. D. C.	or other	
19. 100	2/ 19/16	C. Vary we		11-21-46	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH



10926 Reg. Dist. No..

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Cliv as town	Westmins	ter	State Maryland County Carroll	********	
(If o	utside city or town lin	nits, write RURAL and give nearest town)	Woodmington		
How long in above place Hospital, Institution, or	of death?	Vears			
		urch Home	Street No. Rast Main St. (If rural, give LOCATION)	******	
		veers	2.(a) If yeleran, name war.	800000000000000000000000000000000000000	
3. (a) FULL NAME			3. (b) Social Security I		
		Clara J. Schweigar		V GALLEY C.	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	widowed	20. OATE OF DEATH LOVEMber 10 19 46	. 8 · 15B	
1000	Dani	el Schweigart	21. I CERTIFY that death occurred on the date above stated; that I attended decea		
			norkube- 10 1946, 10 Mod. 1.6	19 46	
7. Birth date of			and that I last saw h alive on	19.46	
deceased (mo., day, y		Days If less than one day	War V. A. Const. St. A. A.	OURATION	
8. AGE: Years	77	13hrsmln	letteric Selevate Cortic Vanuelo		
				yem-	
9. Birthplace	erroll Co	unty, Maryland,	. Oue to	***************************************	
10. Usual occupation	none		Due fo		
11. Industry or business				***************************************	
12. Name	Daniel:	ess	Other conditions	*******************************	
13. Birthplace	laryla	_	(Include pregnancy within 3 months of death)		
14. Malden name	Marth	a Clabaugh			
14. Malden name	Marvl		Major findings of operations		
		e l'ather	Autopsy results.		
			PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.	
	Westminst	77 /70 /10	22. VIOLENCE: if death was due to external causes, fill in the following;		
(Burial, cremation	or removal. Which?)	Oate thereof (month) (day) (year)	Accident, suicide, or homicide		
		Olivet Cemetery	Where did injury occur?	(State)	
Location	Hanover.	Pe	Injured at home, farm, Industry, public place (where?)		
		ncis Reese	Meens of Injury / Injured at work?		
Address		nstora 16	James Thomas m. N		
11/1	, V/-	Milians	23. SIGNATURE QUEEN M.D. o	r other	
19. (Date ryc'd by re	gistrar)	Registya	Address Date signed Date signed	11/11/46	

NOV 14 1946

10927

CERTIFICATE OF DEATH

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Keg.	Diat.	No.			

County Carroll City or fown Rural Taneytown S City or fown Rural Taneytown S S				City or town(If outside city or town lim	of mother)
***************************************				A. Carrier and the second seco	ve LOCATION)
3. (a) FULL NAM				. 2.(d) If veleran, name war	3. (b) Social Security Number
	Martha Al:	ice Sho	rb		none
4. Sex	5. Color or race		e, married, widowed, or divorced		CERTIFICATION 23xd 1946 31 5
7 Divib dole of	or wife Harvey		t) If alive, give ageyear	21. I CERTIFY that death occurred on the date a November 1. 7-4	e 46 10 November 23 de 1949
8. AGE: Year 78		0ays 8	If less than one day	Immediate cause of death	6 day
11. Industry or busines	Housewor		tate)	Oue 10	
12. Name Peter L.Perry 13. Birthplace Md.					3 months of death)
16. Informant Edward P.Shorb Address Taneytown, Md.				Autopsy results	
17. Burial Oale thereof Nov. 26. 1946. (Burial, cremation, or removal. Which?) Cemetery or crematory Keysville				22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Oate of
	Keysvi.				
Cemetery or cremat		Md.			(where?)

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NOV 29 1946



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PLEASE.

MARYLAND STATE DEPARTMENT OF HEALTH

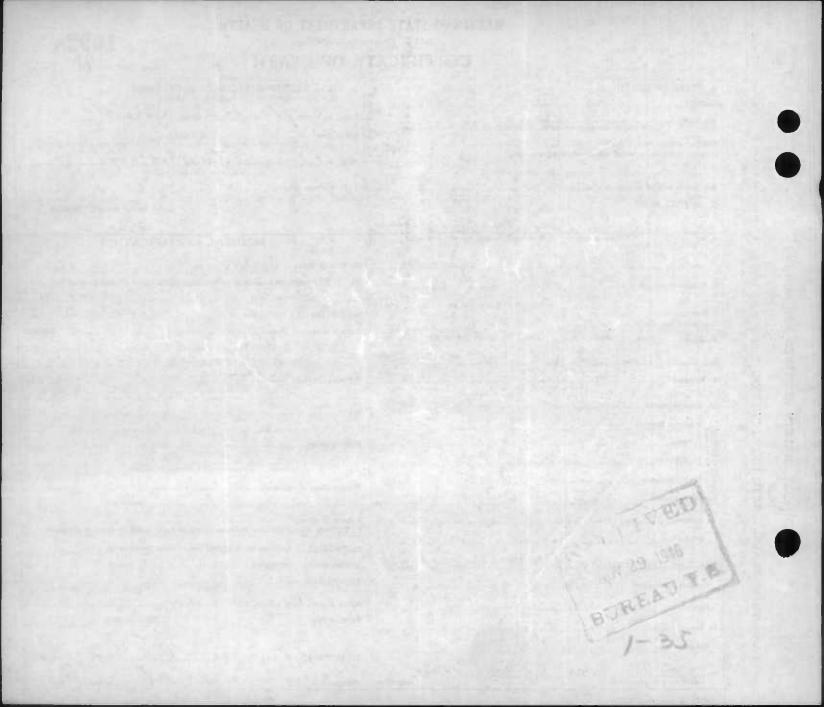
2411 N. Charles St., Baltimore /3/-0

CERTIFICATE OF DEATH

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Reg. Diet. No. 751

<u> </u>	Reg. Dist. No. / N
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. M. Anglanal County Canadi
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Las And Malattar P & L. m A.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME & a Colo M - Snyder.	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or flyorced White Willower	MEDICAL CERTIFICATION 20. DATE DE DEATH
B.(b) Name of husband or wife Chapland Bestern 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) Febr 2 3 1864 8. AGE: Years Months Days If less than one day	and that 1 last saw h Mallye on 19.7 19.7 19.7 19.7 19.7 19.7 19.7 19.7
8. Birthplace	Cardia-Vascular Rund 1900
18. Usual occupation Characteristic Returned 10 years.	Due to.
12. Name War Harry Snyder:	Dther conditions
14. Malden name Cana has he sayyers. 15. Birthplace Stork County Ph.	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant 19 land for the County	Autopsy results.
Address man shester ml 19#1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal. Which?) Date thereof. 2 2 1 1 1 1 (month) (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Common Potts Lyling Parker	Where did Injury occur?
19. Funeral director Mr. G. Flisse	Means of Injury Injured at work?
Address Amover Ph.	23. SIGNATURE PRINCIPLE C Tarley Lind
(Date rec'd by registrar)	Address transportend, me Date signed (1) 24 46



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LION

19. UNDERTAKER

STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEATH Should County Carro Registration Dist. No. Village or City Angeles of (Il death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long In U.S. if of foreign birth? _____yrs. ____mos.__ Length of residence in city or town where deeth occurred. statement RECORD. Ward. St., If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) November PERMANENT (Month) (Day) (Year) classified. CT 5a. If married, widowed, or divorced HUSBAND of 22. That I attended decaased from (or) WIFE of EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than Days stated 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance S or min. Data of onsat 8. Trada, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.___ back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... INK 10. Date dacaased last worked at 11. Total time (yaars) no this occupation (month and spent in this that occupation __. instructions UNFADING Other Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or town). (State or country) supplied. plain terms. FATHER See 14. BIRTHPLACE (city or town) Name of operation (State or country) carefully What test confirmed diagnosis?. Was there an autopsy? MOTHER important. 15. MAIDEN NAME. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcida, or homicide?_____ Data of Injury_____ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE OF Mannar of Injury WRITE S CAUSE

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury.

If so, specify (Signed)

(Address)

24. Was disease or injury in any way related to occupetion of deceased?

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal of importance	cause of death and related causes were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilep	isy	1 week ago
Chronic interstitial nephritis	1921	Run over by stre	det car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	NOV 25 1946	3 days ago
			MILLATIN	
Other contributory causes of importance:		Other contribu	utory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 = 35	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (%2)

10930

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/fitants give residence of mother)
County	Ref.
(If outside city or town limits, write RUBAL and give nearest town)	State County County
How long in above place of death? 3MM 7 MM 20 M	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address with death occurred	Street No. 3301 muelles St.
fring fill Stall & Ofulal	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W hear ed	1 28 H 7-65
- 1- STALLINGS	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIE that death occurred on the dife above stated; that Cattended deceased from
7. Birth date of deceased (mo., day, yr.) FEB. 11 74 1894.	and thet Mast saw h Alalive on 19.7
B. AGE: Years Months Days If less than one day	Immediate cause of death
52 9 17hrsmin	A DUCK
4-1	
9. Birthplace	Due to.
10. Usual occupation Williams	Christ May Man Days
	Oue to
11. industry or business	
12. Name Afficial Afficiant	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden na Gyman Boyen - 15 Birthplace Typing Many	Major findings of operations.
15/Birthplace	Date of op.
Mary Catterine Stallings	Autopsy results.
224 MI. 11/14 BSt 18.7	PHYSICIAN: Please nuderline the cause to which death should he charged statistically.
DO MARCELLA JUAN	22. VtOLENCE: tf death was due to external causes, fill in the following;
(Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory M.T. CARMEL CEM.	Where dld Injury occur?
Location ODONNELL ST., BALTO, M.D.	
18. Funeral director 6 harles 89. Seeley	Msans of Injury Injured at work?
Address 3605 Frist and Balt 241	WIN WINTERSON
12/12 / Day Al	°23. SIGNATURE M.D. or other
19. 11 30 19 46 Qu W. Byduch	. I The stand 1/2 5/11/1
(Date rec'd by registrar) Registra	Address Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

*	1	0	0	O	1	
	J.	VF-	9	2	Į.	B
Reg. D	int.	No.	1	10		/

CFR	riri	CATE	OF	DE	TH

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give realdone of mother)
County Carroll	Marriand Carrell
City or town. Taneytown R.D.I (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State County County County City or town Taneytown, R.D. I (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Albert Michael Study	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DF DEATH NOVEmber 18 10 46 , at 6 9 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceeed from 18. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
8. AGE: Years Months Days If less than one day	Immediate cause of death Coron ary other sembolism Surley
42 7 I9hrs. min.	
8. Birthplace Carroll County, Md. (Town, county, and state)	Due to.
10. Usual occupation Farming	Due to
11. Industry or business Farm	Λ /
Joseph Study 12. Name Joseph Study 13. Birthplace Carroll County, Md.	Diher conditions chine Value / alrular / 1045,
E 14. Maiden name Bertie Humbert	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace Carroll County, Md.	Date of op.
16. Informant Joseph H. Study	Autopsy results
Address Taneytown, Md. R.D.I	
Burial (Burial, cremation, or removal, Whichi) Bale thereof Nov. 2I 1916 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Reformed Cemetery	Where did injury occur?
Location Taneytown, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director F. M. Little & Son	Meane of Injury Injured at work?
Address Littlestown, Pa. Per O. A. ditile	23. SIGNATURE Doub Blook M. D. or other
(Bate rec'd hyregistrar)	Address Let lestown Pa Bate signed 18, 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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NOV 22 1946

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Art from beginning a representation

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2411 N. Charles St., Baltimore 12-

	E OF DEATH Reg. Dist. No. 74		
1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 4 days Hospital, institution, or streat address where death occurred: Laryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland. How long in hespital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Charles City or town Laplata (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME ANTIE BOWMAN THOMPSON	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colored Married	20. DATE OF DEATH. November 13, 1946 at 1.304		
8.(b) Name of husband or wife	21. I CERTIFT that death occurred on the date above stated; that I attended daceased from Sept., 9, 19, 46, to Nov., 13, 19, 46 and that I last naw h. 9. F. alive on Nov., 13, 19, 46 Immediate cause of death BURATION		
8. AGE: Years Months Days If less than one day 23 3 16	Pulmonary Tuberculosis May 1946		
9. Birthplace Cedar Point, Md. (Town, county, and state) 10. Usual occupation. Domestic 11. Industry or business 12. Name. John Bowman 13. Birthplace Maryland 14. Maiden name Ada Brown 15. Birthplace Maryland	Due to Due to Other conditions		
#1 15. Birthplace Maryland 16. Informant Deceased	Autopsy results		
Address 17.	22. VIOLENCE: if death was due to external causes, fill in the following; Accident, aulcide, or homicide		
Address Waldarf Md 18. 11/13 19. 46 albert R. Swandla	23. SIGNATURE Pouleses Horryton, Ind. 124. Date signed 11/13/		

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PLEASE VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEAL	.TI

2411 N

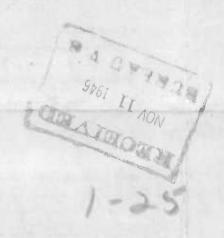
Chartes	St.,	Baltimore	(13-E)
			1000

400	riide.	
	30%	

10933 Reg. Dist. No. 74

CERTIFICATE OF DEATH

1. PLACE OF DEAT				2. USUAL RESIDEN	CE (HOME) OF	DECEASED:		
City or lown Henr	vton		***************************************	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 658 Pennsylvania Avenue (If rural, give LOCATION) 2.(a) 11 veteran, name war				
(If out	side city or town	limits, write R	URAL and give nearest town)					
How long to above place of Hospital, Institution, or st	death?	death occurred	: L'E Udys					
Maryland	Tubercu	losis	Sanatorium					
How long in Hospital or Ir	ranch,	Henry	ton, Md.					
3. (a) FULL NAME						3. (b) Social Security	Number	
	GR/	ANVILL	E DAVID WASHING	GTON				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL CE	RTIFICATION		
male	colore		rried	20, DATE OF DEATH	Tovember 6	3 19 4.6	,1.40A m	
6.(b) Name of husband or wife. Catherine Washington						re stated; That I attended dece		
) t1 alive, give ageyears	Sept.,		16 to Nov.,	6.,1946.	
7. Birth date of	July		917	and that I last saw h	alive on NOT	vember 6,	18.40.	
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	tt tess than one day	Pulmonar	v Tubercu		OURATION	
29	3	23	hrsmin.	I GIMOHAI.	y raberca		Aug. 1946	
9. BirthplaceDa	rke, We	st Vir	ginia	Due 10		***************************************		
1D. Usual occupation	Char	ffeur						
11. Industry or business				Due to	,	***************************************	* *************************************	
	enjamin	Washi	ngton	Other conditions		•••••	•	
TE TEL HUMBE	nknwon		Pur-11			***************************************		
	llen Ed	wards		(Include	pregnancy within 3 m	nonths of death)		
E 77	nknown			Major findings of operat	ions			
						Date of op		
16. Informant	ceased		***************************************	Autopsy results	derline the cause to whi	ich death shoutd he charged	statistically.	
Address				22. VIOLENCE: 11 death				
17. Burial, cremation, o		Date there	(month) (day) (yesr)	Accident, suicide, or hom				
	^		W.A.,	Whers did Injury occur?				
Cemetery or crematory	00	CA-CA-O	M			(County)	(State)	
Location	ferson		01	Means of injury	anguili ban.e binec (au	injured at work?		
18. Funeral director	meli	un T.	Stildes		(.		5	
Address C.	arles	Lour	w.va.	23. SIGNATURE / LOC	chece Hon	Eway. m	·	
19 11/6	19 46	all	WM. Swanpha		a	м. Б.	or other	
(Date rec'd by regis	trar)	eputy	LOCAL Registrar	Address 11811.	ry han , Ind	.aDate_signed	44.04.20	



2-740

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

CERTIFICATE OF DEATH

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	LU	ショル
Rog.	Diat.	No

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Sykesville Of outside city or town limits, write RURAL and give nearest town)	Manuel and			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?32yrs1lmo17da.	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. Harford Road Extended			
Springfield State Hospital	(If rural, give LOCATION)	/		
How long to hospital or Institution? 32yrs 11no 17da.	2.(a) It veteran, name war			
3. (a) FULL NAME MARY R. WEAVER	3. (b) Social Security No	amber		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female white wadowed	20. DATE DF DEATH November 3 1946	1.2.A		
6.(b) Name of husband or wife Harry A. Weaver	21. I CERTIFY that death occurred on the date above stated: that I attended decease	ed trom		
6.(c) It allve, give ageyears	January 1, 1946 Nov. 3,	1,946		
7. Birth date of deceased (mo., day, y:.) September 23, 18721872	and that I last saw heralive onNovember			
8. AGE: Years Months Days It less than one day	Immediate cause of death	ouration 7 da.		
74 1 10hrsmin.				
9. Birihplace Baltimore Maryland (fown, county, end state)	Due to Cerebral Arteriosclerosis	10 yrs		
10. Usual occupation				
11. Industry or business none	Due to	***********		
11. Industry of dustriess Hone	Dihor conditions SchizophreniaParanoid	· · · · · · · · · · · · · · · · · · ·		
13. Birthplace Gormany		33 yrs.		
14. Maiden name Margaret Thomas	(Include pregnancy within 3 months of death)			
14. Malden name	Major findings of operations.			
14. Maiden name Margaret Thomas 15. Birthplace Maryland Hospital Percents	Date of op			
18. Intermant Hospital Records	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged strength.	atistically.		
Address Sykesville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;			
Burial Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Druid Ridge Cem.	Where did injury occur? (City or town) (County)			
Cemetery or crematory				
Location Pikesville, Md.	Injured at home, farm, industry, public place (where?)			
18. Funeral director. WM. J. TICKNER & SONS	Means of Injury Injured at work?	1		
Address Balto. Md.	Mary Mr Con m	1		
19,11-5- 1946 a. WHedreh	23. SIGNATURE M. D. or	other		
(Date rec'd by registrar)	Address Les Beswille III Date signed	1-3-46		

. No V.Lorett Days See Man Line Man. TWANTS . YES twinish state material THYSO ... TOTAL January I, Mar Mart. 1, ore consistent of . BR V handers , most of the bingame-almentochias t-CALL SS YELL.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 946)

CERTIFICATE OF DEATH

11462 Reg. Dist. No. 740

1. PLACE OF D	EATH:		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	
			State Maryland County		
City or town(If	outside city or town li	le mits, write RURAL and give nearest town)			
How long in above place	ce of death? 2 mo	nths	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where	geath occurred:		n Place	
		Hospital	(If rural, give	LOCATION)	
How long In hospital	or Institution?2m	onths	2.(a) If veteran, name war		
3. (a) FULL NAM	ME			3. (b) Social Security Number	
Λ.	mahia C We	hher			
4. Sex	rchie C. We	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION O . +	
Male	White	Married) 2.0 1846 at 7:00A	
6.(b) Name of husban	nd or wife Lillie	Mae Webber	21. I CERTIFY that death occurred on the date abo		
		6.(c) If alive, give age 40 years		19	
7. Birth date of	1/1/100	3	and that I last saw haliye on	19	
deceased (mo., day	1, 7117	Days If less than one day	Immediate cause of death	DURATION	
43	7	19 hrs. min.	0		
			Loronory Ore	lusson	
9. Birthplace	Beaumont, F	ennsylvania	Due to		
		er			
10. Usual occupation	rnerrinerry		Due to		
11. Industry or busine		1av 9 9			
12. NameF.		mes Webber	Other conditions		
		ounty, Pennsylvania	(Include pregnancy within 3	months of dasth)	
14 Maiden nam	. Minnie E.	Smith	Major findings of operations.		
TO	Lugonno	Smith County, Pennsylvania ngfield State Hospital			
≥1 15. Birinpiace	Luzerne c	reiald State Magnital	n 20		
16. Informant Rec	oras, Sprin	ngfield State Hospital	Actopsy results	hich death should be charged statistically.	
Address Syk	esville, Ma	ryland	22. VIOLENCE: If death was due to external car		
	on, or remove. Which?		Accident, suicide, or homicide		
(Burial, crematic	on, or remove. Which?	(month) (day) (year)			
Cemetery or crema	alory Creatly	Fort Com.	Whera did Injury occur?(City or town)	(County) (State)	
Locatio OFC	nly For	7 40.	injured at home, farm, industry, public place (w	here?)	
	14/1-11.	us Rook Inc.	Means of injury	Injured at work?	
18. Funeral director		The state of the s	1 7-57	1812 . 9	
Address /21	7 St. Paul	St. Gallo. Jud.	as signatura succes I Ms	woh Rfuly Milien Draw	
Mars	20 41	C. Harry Wee	23. SIGNAL DAR	M. D. or other	
19. (Date rec'd by	registrar)	Registrar	(ddress Waterwerles	Male signed 1/ 20/46	

NOV 23 1946 1-35

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 93-0

CERTIFICATE OF DEATH

10935 Reg. Diat. No. 24

1. PLACE OF DEATH: County Calsoll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- / ///.	State Millary County Collected
City or town. (14 outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 212-14-7697
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w marine	20. DATE OF DEATH November 6 1946 .5:40 AM
Beth m	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
B,(b) Name of husband or wife	193) 19 19 NOW 6 1944
7. Birth date of	and that I last saw him alive on Dans 6 19 4 4
deceased (mo., day, yr.) Nov. 27 185H	Impediate cause of death DURATION
8. AGE: Years Months Days If less than one day	hundred cause of death Cardin Describer
91 11 9hrsmin.	delega with arteriosclerons
marta a mil	
8. Birthplace	Due to.
to. Usual occupation Francesal Discertor	30000)7
P.T.	Due to
11. Industry or business	
12. Name August Thee	Other conditions
Z 13. 8irthplace Zvalles	
	(Include pregnancy within 3 months of death)
14. Malden name Murganing Meg Carman	Major findings of operations.
	Date of op.
18. Informant Mes C. Harry Will	Antopsy results
Address Auplesville md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 1 9 19 19 11	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory A Butter grant and Control Control of Contro	Where did injury occur?
alle MAD GOOD	
Location Location Land Market Land	Injured at home, farm, lodustry, public place (where?)
18. Funeral director And Males The Theory of the State of	Meens of Injury Injured at work?
Address Alekearille and	fat TI Louism Man
you is a second of the second	23. SIGNATURE
19. 100 1 19 #6 6 Starry Well	1 10 Kg 2010 10 10 10 10 10 10 10 10 10 10 10 10
(Date rec'd by registrar) Registrar	Address TT DE PAIR Date signed ANT 9,14 TE



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PLEA/SE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-2

CERTIFICATE OF DEATH

10936 Reg. Dist. No. 794

1. PLACE OF DI	EATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Centry Cerroll City or town Detour (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? life Hospital, Institution, or street address where death occurred:		death occurred:	Street No.		
***************************************			2.(a) If veteran, name war		
3. (a) FULL NAM		P. Weybright	3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	2D. DATE DF BEATH November 2 19 46	2 8 . N	
7 Bulk data of	***************************************	ene Stoner	21. I CERTIFY that death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: that I affended death occurred on the date above stated: the date above stated state	ceaced from	
	yr.) April 2		Immediate cause of death	DURATION	
8. AGE: Yea	rs Months	Days tf less than one day	Chronic Nephritis	2 yrs.	
	Farm	oll Co., Maryland , county, and state) er	Due 10. Due 10.	10 yrs.	
13. Birthplace	Md,	ight Snader	Diher conditions Generalized Arterioscle OSIS Coronary Artery Thanfile incy Major fieldings of operations None Date of op.	5 yrs.	
16. Informant D.T.	R.S.McVa	ngh	Autopsy results	d statistically.	
17. Rurial. (Burial, crematic Cemetery or crema Location RO.C	n, or removal. Which tory Rocky R	Date thereof Nov. 4 1946 (month) (day) (year) idge Cemetery Mda & Son	Where did injury occur?	(State)	
19. Mar. 4		Banay M. Kises Pourse	23. SIGNATURE M. D Address Taneytown, Md. Date signed	11.2.46	

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9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

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CERTIFICATE OF DEATH

74 Reg. Dist. No...

1. PLACE C	OF DEAT	н: L1			2. USUAL RESIDENCE (HC	OME) OF residence of m	DECEASED:	
City or town	Heni	yton			State Mary Land	State Maryland County		
	(If out	side city or town li	mits, write R	URAL and give nearest town)	City or lowe Baltime	ore		
How long in abo	ove place of	death?	ــــــــــــــــــــــــــــــــــــــ	mo's, 20 days	City or town		nearest town)	
Hospital, instit	ption, or st	reet address where	death occurred	Sanatorium	Street No. 550 W.	BIGGTE	Street	
***************************************			Henry		(1:	frural, give I	LOCATION)	1/
How long In hi	spital or li	Branch,	Treitt A	ton, Md.	2.(a) If veteran, name war			
3. (a) FULI	NAME	ANNIE Z	KEN W	ITTIAMS			3. (b) Social Securi	ty Number
4, Ses	-	5. Color or race		, married, widowed, or divorced	MED	ICAL CE	RTIFICATION	
			1000					
fem	ale	colored	ma	rried	20. DATE OF DEATH NOVE	mber :	194	6 at La LOP M
- 45 11	hi dand an	wife Isa	ac Wi	lliams	21. I CERTIFY that death occurred or	n the date abov	e stated; that f atlended d	scessed from
6.(0) Name of	nuspane or	W:10			Nov., 17,	19	14 , Nov.	7, 19 46
7. Birth date o) if alive, give age 44 y	and that I last saw her alive		vember 7,	19 46
deceased (m		Noven	ber 2	9, 1908	Immediate cause of death			DURATION
8. AGE:	Years	Months	Days	11 less than one day		uberc		Sept.
	37	11	8	hrs		. 2571-151-17127771-7-1-0	**************************************	1943
9 Riribniace		Harford	Count	y, Md	Due to			••••••••••••••••••••••••••••••
		(lown,	county, and s	tate)				20.000
10. Usual occ	upation	Domestic		***************************************	Due to	*************	***************************************	
11. Industry o	r business							
		John Pre	ston		Other conditions	***************************************		
12. Name	1	Unknown			orner conditions			***************************************
	HUGO		7 1		(Include pregnan	icy within 3 m	onths of death)	
14. Maide	n name	Rachel L	nkom	1,,	Major findings of eperations			
14. Maide 15. Births	lace	Jnknown			major manage of eperadeas			
101 01111		ceased						
18. informant.		ceaseu			Autopsy results			
Address					22. VIOLENCE: If death was due I			
17	Zu	ial	Dale there	Nex 11 194	6			
(Burial, er		r removal. Which?		(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or	r crematory	m	au	olum	Where did injury occur?(Ci	ity or town)	(County)	(State)
		Bal	to	md.	Injured at home, farm, industry, pub	blic place (who	ere?)	000000000000000000000000000000000000000
Location			1	12	Means of Injury		injured at work?	
18. Funeral d	irector	Un-	7. 10	colour	modes of mjury		mjeres er nord:	
Address	91	6 Be	essen	a ave.	1/2 0	1	10000	mn
Regicos	1-			0 1	23. SIGNATURE Lecles	ce 1	M M	D, or other
19. (Date rec	'd by regi	19. 46	Deput	y Local Regist	Address nemryton	n, Md.		1 - 1

2-740

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10938810

CERTIFICATE OF DEATH

	CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll Union Bridge RU (If outside city of town limits, write RU)	ıral	State Maryland County Carroll
11+0+1-0	AL and give nearest town)	City or town. Union Bridge Rural (If outside city or town limits, write RURAL and give nearest town) Route 1 Street No. (If rural, give LOCATION)
How long in hospital or institution?	***************************************	2.(a) If veteran, name war
3.(a) FULL NAME Florence Daisy	willis	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, n	narried, widowed, or divorced	MEDICAL CERTIFICATION P.M.
	arried	20. DATE OF DEATH November 15 18 46 at 4.00 M
8.(6) Name of husband or wife Jesse R Will 7. Birth date of deceased (mo., day, yr.) January 18	t alive, give age 76 years	21. I CERTIFY that death occurred on the date above ctated; that I attended deceased from 19.4 6 10 19.4 6 and that I last saw h 1.2 alive on 19.4 6
	If less than one day	Immediate cause of death
o. Add.	hrsmin.	Chronic Mycuth
9. Birthplace Carroll Co Mary Town. county, and sta	te)	Due to. Due to.
11. Industry or business At Home		
12. NameWilliam Black	C	Other conditions
14. Maiden name Emily Toup 15. Birthplace Maryland	,	(Include pregnancy within 3 months of death)
15. Birtholace Maryland	63	Major fiadings ol operations.
15. Birthplace Marry Lame 16. Informant Jesse R Willi	ls	Autopsy results.
Address Union Bridge	Md R1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Bale thereof	Nov.19, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematoryMtJoyCemete	ery	Where did injury occur?
Location Uniontown Mary		Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work?
18. Funeral director. D. D. Hartzler &		1/2-20
Address Union Bridge & Nev	299 Reph	23, SIDNATURE M. D. or other
(Date rec'd by registrar)	Registrar	Address // Date eigned // -/ 6 % 6



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Mica

	1	(19	1:18	
Reg	Dist	No	74	0

CERTIFICATE OF DEATH

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	F DECEASED:	
rural near Sylecuille Maryland					
(If	outside city or town lin	onths 27 days	Ral+imone		
How long in above place	of death?	on and	(If outside city or town limits,	, write RURAL end give nea	rest town)
How long in above place of death? 2 months 27 days City or town (If outside city or town limits, write RURAL and give nearest Hospital, institution, or street address where death occurred: Springfield State Hospital (If rural, give LOCATION)					
How long in hospital o	r Institution? 2 MC	onths 27 days	2.(a) If veteran, name war		V
3. (a) FULL NAM		***		3. (b) Social Security 1	Number
Edmund	Clifton V	Nood		J. (0) Doctas Decently 1	(dimber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white	married	20. DATE OF DEATH November 28	8 1,46	.4:27P
6.(b) Hame of husband	or wife Adelin	ne Esther Scott	21 I CERTIEV that death accurred on the date show	ve etaled: that I attended decea	and from
			November 7	46 to Nov. 28	19. 46
7. Birth date of	March	20. 1874	and that flast saw h. im .alive on Nover	mber 28	19.46
8. AGE: Years		Days If less than one day	Immediate cause of death		OURATION
72		8min.	Senility	***************************************	5 yrs.
-			-		***********************
	st Amesbu:	ounty, and state}	Due to		***************************************
10. Vauel occupation	acc	ountant		100000000000000000000000000000000000000	**************************************
11. Industry or husines:	general	accounting	Due to		***************************************
Enc	ch Holme	s Wood	Other conditions Senile psych	hosis.	***************************************
12. Name Enc	lova Scot	ia	II Simble deterioration	on	5 yrs.
	Lucy Sou	thall	(Include pregnancy within 8 m	nooths of death)	2 3 - 0 0
14. Maiden name.	rminchem	, England	Major fiedings of operations		************
-1 to: putiliplice				Date of op	202000000000000000000000000000000000000
		State Hosp. records	Actopsy results		
Address Syke	esville,	Maryland	PHYSICIAN: Please wederline the cause to whi		statistically.
11. Bure	or removal, Which?)	Date thereof 700 30 9H (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
		Middle Class (year)			
1	$1 0 . N_{\Omega}$		Where did injury occur?(City or town)		
Location	Alserthe	July .	Injured at home, farm, Industry, public place (who		000000000000000000000000000000000000000
18. Funeral director	John Q.	Mitablella 9 Man	Means of Injury	Injured at work?	
//	A	w Place	Danie of	Tredoribes	m.D.
MAN.	29 41	a Havey Edice	23. SIGNATURE	М. D. о	
(Date rec'd by reg	ristrar)	Registrar	Address Sykesville, Md.	Oate signed	11/28/46

BOLEVA L.
DEC 7 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			,
Reg.	Dist.	No.	74

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Waryland County
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)	Balti mama
How long in above place of death? 9 months, 26 days	(If outside sity or town limits, write RURAL, and give nearest town)
Hospital, Institution, or street address where death occurred: Laryland Tuberculosis Sanatorium	Street No. 1402 V. Saratoga Street
How long in hospital or institution? ch, Henrytan, Maryland	(If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LEON JRIGHT	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored married	20. DATE OF DEATH November 17, 19 46, at 5. 30P.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above alaled; that I atlended deceased from
	January 21, 19 46 10 Nov., 17, 19 46
7. Birth date of	and that I leat asw h im alive on November 17, 19 46
deceased (mo., day, yr.) Sept., 26, 1905	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Nov.
41 1 21hrs.	min. 1946
Buthalas Ellaville, Ga.	Due to.
9. Birthplace Fllaville Ca. (Town, county, and state)	
1D. Usual occupation. Labor er	Due to.
11. Industry or business	
	Other conditions.
Toe Wright 12. Name Georgia	
	(Include pregnancy within 8 months of death)
質 14. Maiden name Fannie Little	Major findings of operations
14. Maiden name Fannie Little 15. Birthplace Unknown	Date of op.
16. Informant Deceased	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Of 11/10/10	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or emoval, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
11. 11/11/1	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location allasville, Ga	Injured al home, farm, Industry, public place (where?)
18. Funeral director Metarbolitan Termeral Home	Means of Injury Injured at work?
Q122 - 14/F	1
Address 70% 1. M. Mourt	23. SIGNATURE Reules Mitway on . O.
12 11/17 10 46 allest Romanhle	M. D. or other
(Date rec'd by registrar) Deputy Local Registrar	trar Address Henryton, I.d. Date signed 11/17/46

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE



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VS A15

MARYI	AND	STATE	DEPARTMENT	OF	HEALTE
MAKIL	AUL	DIALL	DELANIMENT	UI	IIILAL II

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH



10941

Reg. Dist. No.

1, PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infanta give residence of mother)
County Carroll	
City or town Pleasant Walley	State Masyland County Carroll
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RUKAL and give hearest town)
Hospital, Institution, or street address where death occurred:	Street No.
,	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
6 . 6 . 1 1 9 . 4	217-12-14-64
4. Sex 5/Color or tace 6.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
male White Imarried	20. DATE OF DEATH 7 00000 19 46 01 /2:50 PM
mattil Zenn	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife.	19
B.(c) It alive, give ageyears	and that I last saw h
7. Birth date of deceased (mo., day, yr.) March 26, 1900	
8. AGE: Years Monihs Days It less than one day	Immediate course of death DURATION DURATION
1// %	Coronery Culture
76 / 12 hrsmin.	
9. Birthplace Carroll aunty, md.	Due to
(Town, county, and state)	
10. Usual occupation Shore Factory worker	Bue to
11, Industry or business	
	Other conditions
E 1	
	(Include pregnancy within 3 months of death)
H 14. Malden name Mary Hants	Major findings of operations. The one
14. Maiden name Mary Wants 15. Birthplace Md	Major hadings of operations
10. orimprace	Autopsy results. 77. D
1B. Informant Care 36.	Autopsy results
Address Pleasant Valley, Md.	
B	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) kyeaf)	Accident, suicide, or homicide
Cemetery or crematory St Mathemas Cemeting	Where did injury occur?
111.00 on 1	Injured at home, farm, Industry, public place (where?)
Location Landau Calley	
18. Funeral director. C. D. Fress & Son	Means of injury Injured at work?
	11 1 9 1 1 1 2 2 1 .
Address Lanky town, Mil.	23. SIGNATUREZULLE / March March Maly Medical Gramme
" 11/5 with followed in	M. D. or other
19. (Date rec'd by registrar) Registrar	Address A Ballunulle VVI Bate signed // = 1- 1- 1-

RECEIVED 13 1948 1-35